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INSTITUTE OF MEDICAL  
MICROFILMS

10. PARK ROAD,  
OXFORD

NORFOLK COUNTY COUNCIL

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# Annual Report

of the

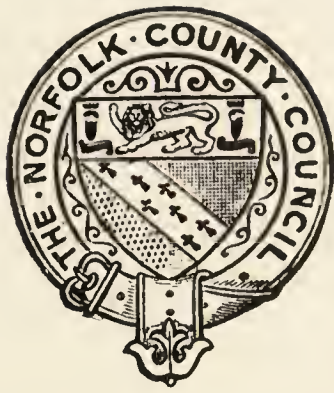
COUNTY MEDICAL OFFICER

FOR 1951

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NORFOLK COUNTY COUNCIL

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# **Annual Report**

of the

COUNTY MEDICAL OFFICER

FOR 1951

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## PREFACE.

1951 was a year of steady progress and consolidation, and little of outstanding importance occurred that calls for special comment. The services provided under the National Health Service Act, 1946, have settled down into a well-defined pattern, while the other public health services continued without any marked alteration. It is quite obvious that any further major development, such as the establishment of health centres, must await a more favourable financial situation.

The acute shortage of dentists prepared to take up posts in the local government service continued, and the present number of officers employed by the Council is less than one-third of those required to provide an efficient service for the priority classes (nursing and expectant mothers, pre-school children and children of school age). It is extremely doubtful if any action so far taken at national level will remedy this unfortunate position, as private practice still remains much more financially attractive.

Following the trend of recent years, both in this county and the country as a whole, the birth rate further declined and at 14.8 per 1000 was 0.69 below that for England and Wales. This is the lowest figure since 1940, when a rate of 14.74 was recorded.

On the other hand, the death rate of 12.44 showed an increase of 0.98 on that of the previous year but was 0.06 below the figure for England and Wales.

There were five maternal deaths compared with 3 in 1950 and the number of deaths of infants under 1 year of age also rose from 148 to 163, giving mortality rates of 0.88 and 29.51 respectively, compared with rates of 0.51 and 25.72 in 1950. The corresponding national rates were 0.79 and 29.6.

To offset these rather disappointing figures, it is gratifying to report that the tuberculosis mortality rates have again fallen, that for pulmonary cases from 0.19 per 1000 of the estimated mid-year population to 0.15, and that for non-pulmonary cases from 0.03 to 0.02.

In this county, it is considered that the best possible place for confinements is in the home, provided environmental conditions are satisfactory and normal delivery is expected. This policy of encouraging domiciliary confinements is reflected in the fact that although the number of institutional confinements has increased considerably during the last three years, there are still twice as many confinements at home as at institutions.

In connection with the care and training of unmarried mothers, it will be noted that, after ignoring the 14 cases in which the child died, no less than 90 mothers out of 130 kept their children, while in 16 other cases the children were placed in foster-homes. It was only necessary to resort to adoption in 17 instances.

Economies have been effected in the operation of the sitting-case car service, and the reduction of the average monthly cost from £2,400 in 1950 to £2,368 is greater than is apparent, due to the increase of  $\frac{1}{2}$ d. in the mileage rate from 1st April.



Draft schemes were prepared during the year for promoting, under Section 29 of the National Assistance Act, 1948, the welfare of persons who are deaf, dumb or substantially and permanently handicapped by illness, injury or congenital deformity. Schemes are already in operation for the blind and partially sighted.

There has been much expansion of interest in the welfare of the aged. The increasing proportion of older folk in the community calls for study and investigation in order to determine the most appropriate ways of assisting them. Any suggestion of official interference is to be deprecated and in my view there is a major opportunity for voluntary welfare work in this field, which can be reinforced by the resources of the local authority as necessary. In this connection it is pleasing to note that at the end of the year, there were 84 local voluntary committees running old people's clubs and visiting schemes. It is hoped that eventually every village will have similar amenities.

During the year, the first hostel to be provided by the Council under the National Assistance Act was opened, thus initiating a great advance in provision for the welfare of the aged.

The year was free from major epidemics and it is pleasing to record that the incidence of poliomyelitis dropped from 99 cases in 1950 to 28 cases in 1951, although, with 5 deaths, the mortality rate was higher than that of 1950 when there were 12 deaths.

The extension of pasteurised milk supplies to various parishes is encouraging. In a milk-producing county of the standard of Norfolk, it may seem something of an anomaly that this should be welcomed, but it has for long been evident that a large proportion of the high-grade milk produced is sent to major dairies and thence outside the county, leaving much of the local demand to be met from the small undesignated herds. The time is coming when more dairymen will be prepared to install small pasteurising plants and every encouragement should be given to them. The supervision of such plants is, of course, a major problem, for milk sold under the designation "Pasteurised" and, as such, given to the young without further precautions, must be reliable. The one danger is that improperly pasteurised milk will give a false sense of security. I am very pleased to report that, up to the present, the majority of dairymen who are operating pasteurising plants in the county are alive to their responsibilities, are co-operating extremely well, and are producing a high-grade article.

The problems of water supply and sewerage in the county are vast indeed and it will take many years to do all that should be done. Nevertheless, great progress is being made and, perhaps more important, development generally is taking place according to a carefully prepared long-term plan. Much credit is due to the district councils for the manner in which they are facing what really are enormous costs, and one is impressed with the need to encourage the less ambitious schemes which may yet bring water and sewerage to small communities at relatively reasonable cost. The value of these small schemes, both from the points of view of speed and economy, has been shown again and again and it can truly be said that this is one field in which "bigger" is not necessarily synonymous with "better."

Once again, my thanks are due to the voluntary organisations and their members who have so readily and in so many ways made their contribution to the health and well-being of the people of Norfolk. In spite of all that is now being done by central and local government, there is still ample scope for voluntary effort and service.

I would also pay tribute to all the members of my own department for their energetic and loyal co-operation.

T. RUDDOCK-WEST.

Public Health Department,  
29, Thorpe Road,  
Norwich.

*August, 1952.*



# PUBLIC HEALTH STAFF

## **County Medical Officer:**

T. RUDDOCK-WEST, M.D., B.S., D.P.H.

## **Deputy County Medical Officer:**

K. F. ALFORD, M.B., Ch.B., D.P.H.

## **Senior Medical Officer:**

W. W. SINCLAIR, M.B., Ch.B., D.P.H.

## **Temporary Consulting Medical Officer:**

W. R. CLAYTON HESLOP, M.D., F.R.C.S.E., D.P.H.

## **Assistant County Medical Officers and District Medical Officers of Health:**

A. E. BROWN, M.D., B.S., D.P.H.  
C. T. DARWENT, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.  
IRENE B. M. GREEN, M.D., B.S., D.P.H.  
A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M.&H.  
J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.  
J. C. JOHNSTON, M.B., B.Ch., B.A.O., D.P.H.  
R. N. C. McCURDY, M.B., Ch.B., D.P.H.  
J. H. F. NORBURY, M.B., B.S., D.P.H.  
C. O'DONOVAN, M.B., B.Ch., B.A.O., D.P.H. (to 29.7.51).

## **Assistant Medical Officers:**

NULECE CASSELLS, M.B., Ch.B. (part-time from 11.12.51).  
O. C. HAMILTON-JONES, M.R.C.S., L.R.C.P., D.P.H.  
V. C. JAMES, M.R.C.S., L.R.C.P. (part-time from 9.11.51).  
VIOLET M. JEWSON, M.A., M.B., Ch.B.  
ROSEMARIE D. LINCOLN, M.B., B.S. (part-time).  
C. MARGARET McLEOD, M.B., Ch.B. (part-time).  
F. R. WILSON, M.D., Ch.B. (part-time from 8.10.51).

## **Senior Dental Officer:**

P. MILLICAN, L.D.S., R.C.S. (Eng.).

## **Dental Officers:**

A. J. CAIRNS, L.D.S., R.C.S. (Eng.) (part-time from 23.10.51).  
SADIE S. HOW, L.D.S., R.C.S. (Eng.).  
ROSEMARY M. HUGHES, B.D.S. (U. Lpool.) (part-time from 1.11.51).  
J. NIXON, L.D.S., R.C.S. (Edin.). (to 7.5.51).  
E. C. PACKHAM, L.D.S., R.C.S. (Eng.).  
F. W. WALMSLEY, L.D.S., R.C.S. (Edin.).

## **County Sanitary Officer:**

G. W. CURTIS, M.I.S.E., C.S.I.B., Meat and Food Inspector's Cert., D.P.A.

## **Senior Assistant County Sanitary Officer:**

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

**Assistant County Sanitary Officer:**

A. C. COOPER, C.S.I.B.

**Supervisor of Midwives and Superintendent Health Visitor:**

MISS M. V. E. DAVEY, S.R.N., S.C.M., Cert.R.S.I.

**Senior Assistant Supervisor:**

MISS D. E. UNSWORTH, S.R.N., S.C.M., H.V.Cert.

**Assistant Supervisors:**

MISS D. T. N. COLE, S.R.N., S.C.M., H.V.Cert.

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert.

**Health Visitors and School Nurses:**

MRS. L. BRADBURY, S.R.N., S.C.M., H.V.Cert.

Mrs. E. J. BRADFORD, S.R.N., S.C.M., H.V.Cert. (from 10.10.51).

\*MRS. P. D. CHADWICK, R.S.C.N.

MISS I. K. COLE, S.R.N., S.C.M., H.V.Cert.

MRS. W. A. DUNNELL, S.R.N., S.C.M., H.V.Cert.

MRS. M. E. C. EVANS, S.R.N., S.C.M., H.V.Cert. (part-time).

MRS. B. M. GRAY, S.C.M.

\*MISS A. E. HOLDEN, R.S.C.N.

\*MRS. A. M. KNOTT, Trained Nurse, Sick Children.

MISS B. V. LESTER, S.R.N., S.C.M., H.V.Cert.

†MISS M. W. LINDSAY, S.R.N., S.C.M., H.V.Cert.

\*MRS. F. B. NEVILLE, S.R.N.

MRS. W. M. PETTS, S.R.N.

\*MRS. M. I. QUAYLE, S.R.N.

MISS M. ROBSON, S.R.N., S.C.M., H.V.Cert. (to 11.4.51).

\*MISS C. SHINGLETON, S.R.N.

MRS. J. ST. CLAIRE-VERNAN, S.R.N., S.C.M., H.V.Cert. (from 23.7.51).

MISS L. B. STEEL, S.R.N., S.C.M., H.V.Cert.

\*MISS D. VICKERS, S.R.N.

\*MRS. O. N. WAINWRIGHT, Trained Nurse, Sick Children.

MRS. E. WITTRED, S.R.N.

†MISS I. A. P. WYMER, S.R.N., S.C.M., H.V.Cert.

\*School nursing duties only.

†No school nursing duties.

**Tuberculosis Visitors:**

MRS. I. M. HERNE, S.R.N., S.R.F.N., S.C.M.

MISS I. WARD, S.R.N., S.C.M., H.V.Cert

**Speech Therapists:**

MISS J. RUTT, L.C.S.T.

MISS D. M. WHITTARD, L.C.S.T. (from 17.9.51).

**Senior Home Teacher and Visitor for the Blind:**

MISS H. G. BELLAMY, Cert. College of Teachers of the Blind.

**Home Teachers and Visitors for the Blind:**

MISS M. R. GREEN, Cert. College of Teachers of the Blind.

MISS K. M. HOLLIDAY, Cert. College of Teachers of the Blind.

MRS. M. D. NEAVE, Cert. College of Teachers of the Blind.

MISS M. E. RISEBROOK, Cert. College of Teachers of the Blind (from 1.8.51).

**Home Help Organiser:**

MRS. E. A. KING, S.C.M.

**Occupation Centre Supervisors:**

MISS M. T. MEADE.

MISS S. J. GEE

**Mental Health Worker:**

MISS J. M. R. BUXTON

**Home Teacher for Mental Defectives:**

MISS B. I. CUMING

**Superintendent Authorised and Welfare Officer:**

C. J. TAYLOR

**Deputy Superintendent Authorised and Welfare Officer:**

T. H. HIGHAM

**Local Welfare Officers:**

A. BOOTHMAN

S. H. BOUGHEN

J. COWELL

S. J. DODMAN

S. FRYER

C. J. GALLANT

V. C. HALL

D. R. INGHAM

V. K. C. KIRBY

J. G. LARWOOD

T. A. MAYFIELD

C. C. H. MORRIS

(from 12.11.51).

F. E. PASCOE (to 31.7.51).

W. J. PEACOCK

F. L. RAY

R. S. REEVE

J. A. ROWE

**Chief Clerk:**

E. W. DURRANT

**SPECIALIST STAFF (Part-time).**

**Chest Physicians:**

W. B. CHRISTOPHERSON, M.R.C.S., L.R.C.P.

G. F. BARRAN, M.D., M.R.C.S., L.R.C.P.

(Joint appointments with Regional Hospital Board.)

**County Analyst:**

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.



I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

ACREAGE	...	...	...	...	...	...	1,302,501
POPULATION—1951 CENSUS (provisional)	...	...	...	...	...	...	374,219
	Estimated by Registrar-General (mid-1951)	...	...	...	...	...	373,000
PRODUCT OF PENNY RATE for general purposes (1950-1951)	...	...	...	...	...	...	£5,804
RATEABLE VALUE for general purposes (1st April, 1951)	...	...	...	...	...	...	£1,445,682

BIRTHS. (See Table 1.)

Live births—			
Rate per 1000 of the estimated population	...	...	14.81
Still-births—			
Rate per 1000 total (live and still) births	...	...	23.85

The following table shows the numbers of live births registered and the birth rates during the past five years:—

Year	Administrative County		Rate for England and Wales
	Net no. registered	Rate	
1947	7090	20.84	20.5
1948	6137	17.56	17.9
1949	5793	16.40	16.7
1950	5755	15.85	15.8
1951	5524	14.81	15.5

The birth-rate fell by 1.04 to 14.81 per 1000 of the estimated mid-year population of the county, the lowest ever recorded with the exception of the 1933 rate of 14.59, and the 1940 rate of 14.74. The comparable rate for England and Wales was 15.5 per 1000.

Still-births numbered 23.85 per 1000 (live and still) births, showing an increase of 3.26 on the 1950 figure (20.59) which was, however, a low one.

The proportion of illegitimate births at 5.23% of all live births showed a decrease of 0.43% on the 1950 figure.



## BIRTHS AND DEATHS.

TABLE 1.

County district.				Population 30.6.51	Live births			Still-births			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Total deaths (all causes)
					Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	
MUNICIPAL BOROUGHS—																	
King's Lynn ... ..				25,850	372	24	396	8	—	8	8	1	9	6	1	7	327
Thetford ... ..				4,456	76	4	80	2	—	2	1	—	1	1	—	1	62
				30,306	448	28	476	10	—	10	9	1	10	7	1	8	389
URBAN DISTRICTS—																	
Cromer ... ..				4,675	53	7	60	1	—	1	1	1	2	1	1	2	78
Diss ... ..				3,448	57	1	58	—	—	—	2	—	2	—	—	—	54
Downham Market ... ..				2,675	32	4	36	—	—	—	—	—	—	—	—	—	41
East Dereham ... ..				6,460	120	3	123	2	—	2	5	—	5	4	—	4	92
New Hunstanton ... ..				3,361	56	3	59	1	—	1	—	1	—	—	—	—	51
North Walsham ... ..				4,689	45	3	48	1	—	1	2	—	2	—	—	—	50
Sheringham ... ..				4,636	48	1	49	—	—	—	1	—	1	—	—	—	87
Swaffham ... ..				2,923	87	5	42	2	—	2	1	—	1	—	—	—	47
Wells ... ..				2,577	39	5	44	1	—	1	1	—	1	—	—	—	39
Wymondham ... ..				5,650	77	3	80	4	1	5	4	—	4	2	—	2	84
				41,094	564	35	599	12	1	13	17	2	19	7	1	8	623
RURAL DISTRICTS—																	
Blofield and Flegg ... ..				31,690	383	13	396	9	4	13	10	—	10	6	—	6	371
Depwade ... ..				18,080	273	14	287	5	—	5	7	—	7	5	—	5	256
Docking ... ..				17,450	276	12	288	5	—	5	11	—	11	9	—	9	255
Downham ... ..				25,050	365	21	386	9	—	9	12	—	12	8	—	8	281
Erpingham ... ..				19,230	216	15	231	3	—	3	5	3	8	2	2	4	235
Forehoe and Henstead ... ..				23,330	329	13	342	10	2	12	13	—	13	7	—	7	178
Freebridge Lynn ... ..				10,980	173	17	190	5	—	5	3	—	3	3	—	3	281
Loddon ... ..				12,660	183	9	192	7	—	7	5	—	5	3	—	3	132
Marshland ... ..				16,380	264	14	278	7	2	9	9	1	10	7	1	8	165
Mitford and Launditch ... ..				18,140	274	19	293	12	1	13	9	—	9	7	—	7	213
St. Faith's and Aylsham ... ..				37,530	485	28	513	10	—	10	15	1	16	10	—	10	434
Smallburgh ... ..				18,140	261	19	280	7	—	7	7	2	9	5	1	6	236
Swaffham ... ..				8,840	136	4	140	2	—	2	2	—	2	1	—	1	110
Walsingham ... ..				23,270	322	16	338	3	—	3	8	2	10	4	—	4	241
Wayland ... ..				20,830	278	17	295	7	2	9	8	1	9	4	—	4	239
				301,600	4218	231	4449	101	11	112	124	10	134	81	4	85	3627
ADMINISTRATIVE COUNTY ... ..				373,000	5230	294	5524	123	12	135	150	13	163	95	6	101	4639



TABLE 2.

## VITAL STATISTICS 1932-51 (TWENTY YEARS).

Year	Live Births.				Still-Births.	Infantile Mortality.				Maternal Mortality.	Deaths.		
	Total for County.	Birth rate per 1000 pop.	Rate for England and Wales.	Sex-ratio (Males to 100 Females).	Rate per 1000 (all births).	Legit. (per 1000 legit. births).	Illegit. (per 1000 illegit. births).	Total (per 1000 live births).	England and Wales.	Rate per 1000 live and still-births.	Total for County.	Rate per 1000 pop.	Rate for England and Wales.
1932	4917	15.28	15.3	109	36.40	53.70	73.58	54.91	65	3.73	4166	12.95	12.0
1933	4698	14.59	14.4	106	43.42	53.14	57.97	53.43	64	2.76	4189	13.01	12.3
1934	4893	15.23	14.8	109	36.80	44.48	91.60	47.01	59	4.14	3867	12.04	11.8
1935	4784	14.88	14.7	104	34.71	40.87	70.04	42.43	57	3.43	3993	12.42	11.7
1936	4802	14.85	14.8	104	39.98	43.67	77.55	47.48	59	5.39	4055	12.85	12.1
1937	4878	15.01	14.9	102	35.78	47.18	50.54	47.35	58	1.42	4141	12.74	12.4
1938	4861	14.93	15.1	106	36.28	37.63	71.09	39.08	53	1.98	3793	11.65	11.6
1939	4907	14.94	15.0	107	36.25	39.59	80.85	41.57	51	4.01	4184	12.76	12.1
1940	4992	14.74	14.6	106	38.33	45.91	71.43	47.00	57	1.67	4542	13.41	14.3
1941	5221	15.32	14.2	105	31.06	45.25	34.92	44.63	60	2.12	4318	12.64	12.9
1942	6031	18.25	15.8	108	31.58	39.50	63.13	41.05	51	1.12	4268	12.89	11.6
1943	5807	17.70	16.5	109	28.77	38.40	70.85	41.16	49	1.84	4142	12.63	12.1
1944	6611	20.06	17.6	102	25.64	31.00	50.00	36.00	45	1.92	4209	12.77	11.6
1945	5969	18.38	16.1	110	29.45	37.85	63.56	41.38	46	1.30	4055	12.48	11.4
1946	6612	19.79	19.1	104	24.63	29.75	49.73	31.46	43	1.66	4071	12.18	11.5
1947	7090	20.84	20.5	105	18.95	34.22	70.26	36.39	41	0.97	4354	12.62	12.0
1948	6137	17.56	17.9	103	24.63	30.51	50.06	31.61	34	0.79	3922	11.22	10.8
1949	5793	16.40	16.7	106	21.62	26.78	51.06	27.44	32	0.67	4377	12.39	11.7
1950	5755	15.85	15.8	106	20.59	25.42	30.67	25.72	29.8	0.51	4159	11.46	11.6
1951	5524	14.81	15.5	104	23.85	28.68	44.22	29.51	29.6	0.88	4639	12.44	12.5



**DEATHS.** (See Tables 1 and 3.)

Deaths per 1000 of the estimated population ... .. 12.44

Deaths from pregnancy, childbirth and abortion:—

Deaths—5. Rate per 1000 total (live and still)  
births ... .. 0.88

Death rate of infants under 1 year of age:—

All infants per 1000 live births ... .. 29.51

Legitimate infants per 1000 legitimate live  
births ... .. 28.68

Illegitimate infants per 1000 illegitimate live  
births ... .. 44.22

Deaths from cancer (all ages) ... .. 695

Deaths from measles (all ages) ... .. —

Deaths from whooping cough (all ages) ... .. 7

The following table gives a comparison of the number of deaths and death rates during the past five years:—

Year	Urban Districts		Rural Districts		Administrative County		England and Wales— Crude death rate
	No. of deaths	Crude death rate	No. of deaths	Crude death rate	No. of deaths	Crude death rate	
1947	947	14.01	3407	12.49	4854	12.79	12.0
1948	846	11.99	3076	11.02	3922	11.22	10.8
1949	978	13.70	3399	11.99	4377	12.39	11.7
1950	893	12.37	3266	11.23	4159	11.46	11.6
1951	1012	14.17	3627	12.02	4639	12.44	12.5

The crude death rate of 12.44 per 1000 of the estimated mid-year population showed an increase of 0.98 per 1000 on the previous year's figure but fell below the England and Wales rate by 0.06 per 1000. 73% of the deaths were of people aged 65 years and over, 34% were due to heart disease, 15% to cancer, 12% to vascular lesions of the nervous system, 8% to respiratory diseases other than pulmonary tuberculosis and 1% to pulmonary tuberculosis.

The maternal mortality rate and the infant mortality rate showed increases of 0.37 and 3.79 respectively on last year's figures, although the infant mortality rate still remained below the national rate.



# DEATHS BY AGE GROUPS—ADMINISTRATIVE COUNTY. (Percentage of All Deaths)

Year	Age Group.					
	0—	1—	5—	15—	45—	65—
1932	6.5	2.1	2.2	9.7	18.9	60.6
1933	5.9	2.4	1.4	9.1	19.5	61.5
1934	5.9	2.3	1.7	10.8	19.9	59.4
1935	5.1	1.5	2.0	9.4	19.8	62.2
1936	5.6	1.7	1.0	8.2	18.8	64.7
1937	5.6	1.4	1.3	8.7	19.6	63.4
1938	5.0	1.0	1.1	9.0	19.4	64.5
1939	4.9	1.0	1.0	8.1	19.0	66.0
1940	5.1	1.6	1.4	7.5	19.3	65.1
1941	5.4	1.7	1.4	8.3	19.1	64.0
1942	5.8	1.2	1.3	7.3	19.8	64.6
1943	5.8	1.6	1.2	6.6	18.4	66.4
1944	5.7	1.4	1.5	7.1	18.0	66.3
1945	6.1	1.2	1.3	6.5	18.7	66.2
1946	5.1	0.9	0.8	6.3	17.5	69.4
1947	5.9	0.5	0.9	5.4	17.4	69.9
1948	4.9	1.0	0.7	6.2	18.3	68.9
1949	3.9	0.8	0.6	5.1	16.7	72.9
1950	3.6	0.7	0.7	5.1	17.3	72.6
1951	3.5	1.0	0.8	4.9	16.5	73.3

## II. AREA ADMINISTRATION.

Five of the nine local health offices were transferred to other premises during the year.

New premises, providing office accommodation and a suite of rooms for clinic purposes, have been built at Aspland Road, Norwich, and the local health offices for Areas No. 1, 4 and 5 (formerly at 31, Thorpe Road, Norwich, Sprowston and Long Stratton respectively) were transferred there. Accommodation is also provided in this building for the Registrar of Births, Marriages and Deaths.

The Area No. 6 local health office at Thetford was moved from very restricted accommodation at the St. Barnabas County Home to a house in Tanner Street which had been purchased and adapted by the Council. Rooms are also available for all clinic purposes. The Education Committee has the use of one room on one half-day per week in connection with the Youth Employment Service, and the Hospital Management Committee has the occasional use of two rooms for holding orthopædic clinics.

DEATHS BY AREAS AND AGE GROUPS.

TABLE 3.

Cause of death	Municipal Boroughs		Urban Districts									Rural Districts														Total	Age at death									
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	New Hunstanton	North Walsham	Sheringham	Swaffham	Wells	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham		Walsingham	Wayland	0—	1—	5—	15—	25—	45—	65—	75—
Tuberculosis, respiratory ... ..	7	1	1	—	—	3	—	—	1	—	1	—	2	4	2	3	2	5	3	4	4	3	2	3	1	3	1	56	1	—	2	5	16	21	7	4
Tuberculosis, other ... ..	2	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	1	—	1	—	—	9	—	1	3	—	1	4	—	—	
Syphilitic disease ... ..	1	—	—	—	—	—	1	—	—	—	1	1	2	—	—	—	—	—	—	1	1	2	2	—	—	2	15	1	—	1	—	1	4	2	6	
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping cough ... ..	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	7	4	3	—	—	—	—	—	—	
Meningococcal infections ... ..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	—	1	—	—	—	1	—	—	
Acute poliomyelitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	1	—	—	1	5	—	—	1	1	2	1	—	—
Measles ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other infective and parasitic diseases ... ..	—	—	—	—	—	—	—	—	—	—	—	—	4	2	2	1	—	1	—	—	—	1	1	2	—	1	15	—	1	—	—	—	4	3	2	5
Malignant neoplasm, stomach ... ..	11	—	—	1	2	—	—	1	3	3	1	2	6	6	7	10	6	4	3	5	3	9	6	3	6	7	2	107	—	—	—	—	3	29	31	44
Malignant neoplasm, lung, bronchus ... ..	5	—	2	1	1	—	1	—	1	1	—	2	4	7	1	—	5	2	2	2	3	2	4	6	1	3	2	58	—	—	—	—	3	33	18	4
Malignant neoplasm, breast ... ..	9	—	1	—	1	2	2	—	3	—	—	2	3	2	3	7	2	6	5	2	4	7	2	5	1	3	1	73	—	—	—	—	6	26	21	20
Malignant neoplasm, uterus ... ..	2	—	1	—	—	2	—	—	—	—	—	—	2	1	3	4	1	4	—	2	2	2	4	1	—	1	3	35	—	—	—	—	3	15	15	2
Other malignant and lymphatic neoplasms ... ..	23	2	16	3	4	8	5	3	8	6	3	9	38	25	23	29	17	35	8	14	19	16	42	16	8	18	24	422	—	3	4	3	17	120	133	142
Leukæmia, aleukæmia ... ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	3	1	—	—	1	1	—	1	1	13	2	1	1	1	3	4	1	—
Diabetes ... ..	1	1	1	—	—	—	2	1	1	—	—	1	3	2	3	1	3	2	2	1	1	3	7	—	—	1	1	38	—	—	1	1	—	4	14	18
Vascular lesions of nervous system ... ..	40	7	8	2	8	22	4	7	14	6	5	12	44	25	32	31	28	27	18	12	20	25	55	38	14	22	15	541	1	—	—	—	3	64	162	311
Coronary disease, angina ... ..	18	5	10	7	5	8	9	10	13	8	9	10	43	28	38	17	23	24	11	13	10	19	51	14	10	22	27	462	—	1	—	—	4	103	182	172
Hypertension with heart disease ... ..	6	1	—	2	2	3	1	2	1	—	—	1	10	2	4	7	7	10	1	5	6	4	7	5	2	2	6	97	—	—	—	—	3	19	29	46
Other heart disease ... ..	78	26	15	16	8	19	12	9	18	7	8	17	83	64	37	64	57	65	20	57	42	52	75	53	17	56	46	1021	—	—	—	4	10	80	211	716
Other circulatory disease ... ..	21	1	2	3	3	3	1	1	1	4	1	4	5	15	14	11	7	15	6	4	9	6	25	14	7	11	18	212	—	—	—	—	4	21	52	135
Influenza ... ..	10	5	1	—	1	2	2	3	1	2	—	2	12	11	13	9	6	7	11	3	5	12	19	10	4	15	9	175	4	1	—	—	—	23	51	96
Pneumonia ... ..	12	3	2	5	—	—	—	1	3	2	2	2	17	9	7	16	7	18	4	5	7	8	17	5	7	4	15	178	15	7	3	5	4	27	40	77
Bronchitis ... ..	15	—	3	4	—	2	—	1	1	4	—	2	14	16	10	13	8	9	6	10	2	8	24	7	8	5	10	182	2	—	—	—	1	28	39	112
Other diseases of respiratory system ... ..	3	—	1	—	—	1	—	1	—	1	1	1	2	2	1	3	—	3	—	—	3	2	3	3	—	1	3	35	1	2	—	—	2	6	12	12
Ulcer of stomach and duodenum ... ..	4	—	—	1	—	—	1	—	—	—	—	—	5	2	3	2	3	1	1	3	—	1	3	—	1	1	2	36	—	—	—	—	2	14	12	8
Gastritis, enteritis and diarrhoea ... ..	1	—	—	—	—	—	—	—	—	—	—	2	2	—	1	3	3	—	1	—	—	1	3	—	1	1	2	21	12	1	—	—	2	2	1	3
Nephritis and nephrosis ... ..	2	1	—	1	—	1	1	—	—	—	—	1	2	2	7	5	4	2	3	—	2	1	3	3	1	3	1	46	—	1	3	1	4	12	7	18
Hyperplasia of prostate ... ..	2	—	1	—	—	1	—	—	2	2	—	—	6	1	2	1	4	5	2	1	3	—	4	4	1	3	1	46	—	—	—	—	—	2	12	32
Pregnancy, childbirth, abortion ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	2	—	—	—	5	—	—	—	1	4	—	—	—
Congenital malformations ... ..	2	1	—	1	—	1	—	—	1	—	—	—	1	3	2	—	3	4	1	—	—	2	—	—	1	1	5	29	19	2	3	—	4	—	—	1
Other defined and ill-defined diseases ... ..	33	3	10	6	5	10	4	8	8	—	6	5	51	14	31	26	29	16	17	16	22	18	53	30	10	34	27	492	95	12	5	9	19	58	52	242
Motor vehicle accidents ... ..	3	2	1	1	—	—	—	—	2	—	—	3	—	1	3	4	1	4	1	1	2	—	3	—	6	5	7	50	—	1	8	17	9	10	1	4
All other accidents ... ..	10	3	1	—	1	1	2	2	4	1	—	2	9	4	3	10	6	6	2	1	4	8	15	5	1	11	7	119	5	8	3	13	21	15	11	43
Suicide ... ..	3	—	1	—	—	—	1	—	—	—	—	1	1	6	3	2	1	2	1	2	1	1	2	2	2	—	1	33	—	—	—	2	6	14	6	5
Homicide and operations of war ... ..	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	—	—	2	1	—	—	—
All causes ... ..	327	62	78	54	41	92	51	50	87	47	39	84	371	256	255	281	235	281	132	165	178	213	434	236	110	241	239	4639	163	46	38	65	162	763	1124	2278





At King's Lynn, the Area No. 9 local health office was transferred from accommodation hired from the Borough Council to premises at 15, Nelson Street, which were purchased and adapted by the County Council. Here there is ample accommodation for all types of clinics as well as for the staff of some other departments of the Council. Two rooms are used twice weekly by the Ministry of National Insurance.

Dr. C. O'Donovan, the Assistant County Medical Officer and District Medical Officer of Health for Area No. 1 (Blofield & Flegg and Smallburgh R.Ds.), resigned his post in July and consideration was given to the possibility of re-organisation with a view to reducing the number of areas. This matter was still under consideration at the end of the year. In the meantime, the vacancy was not filled. Arrangements were made for other members of the Council's medical staff to give temporary assistance for district council duties as well as County Council work.

### III. HEALTH CENTRES.

No steps have yet been taken towards the establishment of health centres in the county.

## IV. CARE OF MOTHERS AND YOUNG CHILDREN.

### MATERNITY ACCOMMODATION.

Accommodation was provided by the various hospital management committees for midwifery cases on sociological grounds as shown below:—

Hospital Management Committee.	Institution.	No. of Cases.
Norwich, Lowestoft and Great Yarmouth—	West Norwich Hospital ...	72
	Norfolk & Norwich Hospital ...	5
	Drayton Hall ...	10
		— 87
King's Lynn Area—	Queen Elizabeth Maternity Unit, King's Lynn ...	4
	Stow Hall ...	9
		— 13
Cromer Area—	Long Acre Maternity Home, West Runton ...	1
Ipswich Group—	Hartismere House Maternity Home, Eye ...	1
	Total ...	102

The Council has also continued to utilise certain maternity beds in county homes under agency arrangements with the East Anglian Regional Hospital Board (8 in two county homes for the first eight months of the year and 5 in one county home for the remaining four months), 53 cases being accommodated.

Accommodation has been provided for midwifery cases as follows during the last three years:—

			R.H.B. establishments.	County homes.	Total.
1951	...	...	102	53	155
1950	...	...	171	19	190
1949	...	...	141	74	215

Further details are given on page 22 and it is interesting to note that once again the Council's policy of encouraging domiciliary confinements, wherever possible, is reflected in the very small percentage (7.1) of midwifery cases admitted to maternity accommodation.

Under the provisions of the National Health Service Act, expectant mothers may engage medical practitioners for their confinements and they have, in fact, been availing themselves of this service to an increasing degree since July, 1948. Numbers of these Part IV general medical service maternity cases have expressed the wish for institutional confinement and the heavy demand for maternity accommodation has been accentuated by the fact that a proportion have requested maternity accommodation for apparently normal confinements.

During the year under review, the demands of general medical service maternity cases for maternity accommodation were increasing to such an extent that beds could not be made available for some of the Council's midwifery service cases in urgent need of accommodation for acute sociological reasons. The Minister of Health on the 11th August, 1951, issued a memorandum (RHB (51) 74) to hospital and local authorities setting out proposals for ensuring that the limited number of maternity beds available was used to the best possible advantage for those cases most urgently requiring accommodation. It was agreed that as from 1st January, 1952, the Council should provide reports on social and environmental conditions in those cases where admission is not essential for medical or obstetric reasons, when requested to do so by the hospital authorities.

## UNMARRIED MOTHERS.

The Norwich and Ely Diocesan Councils for Moral Welfare have continued to act as agents of the Council for the care and training of unmarried mothers. These arrangements, which have been outlined in previous reports, have continued satisfactorily with the excellent co-operation of the moral welfare workers.

Particulars of the action taken are given below:—

	1951.	1950.	1949.
Care and training in hostels with financial assistance from the Council ...	39	48	61
Dealt with without admission to hostel ...	105	98	67
	<hr/> 144	<hr/> 146	<hr/> 128
Percentage admitted to hostels ...	<hr/> 27	<hr/> 33	<hr/> 47

It is satisfactory to note the decline in the percentage of cases for whom admission to a hostel was considered necessary.

The following information may also be of interest:—

(a) <i>Referred by—</i>	Admitted to hostels.	Not admitted to hostels.
Local welfare officer ...	3	—
District nurse ...	3	—
Family doctor ...	3	—
Privately or by moral welfare worker ...	30	—
Notification of birth cards ...	—	105

(b) *Classification—*

First illegitimate child ...	36	75
Second illegitimate child ...	2	14
Third illegitimate child ...	1	7
Fourth or more illegitimate children ...	—	5
Illegitimate of married women ...	—	4

(c) *Age of Mother—*

Under 16 ...	—	2
16—21 ...	27	56
22—25 ...	6	25
26—30 ...	6	14
Over 30 ...	—	8



	Admitted to hostels.	Not admitted to hostels.
(d) <i>Hostel to which admitted—</i>		
Heigham Grove Shelter, Norwich ...	5	
St. Paul's Lodge, Great Yarmouth ...	17	
St. Bridget's Hostel, Lowestoft ...	8	
Bateman Street Mother and Baby Home, Cambridge ... ..	2	
St. Bridget's, Chester ... ..	1	
Church Army Hostel, Tulse Hill, London	1	
Loreto House, London ... ..	1	
St. Joseph's, Grayshott ... ..	2	
Beacon Lodge, East Finchley, London ...	1	
Streitton House, London ... ..	1	
	<hr/> 39	
(e) <i>Care of Child—</i>		
Still-born ... ..	—	5
Died ... ..	3	6
Kept by mother ... ..	22	68
Fostered ... ..	5	11
Adopted ... ..	8	9
Children's Committee ... ..	1	6
	<hr/>	<hr/>

Details of the scheme under the National Health Service (Amendment) Act, 1949, for effecting recoveries from unmarried mothers admitted to hostels were given in last year's report. In six cases where it was known that the mothers would keep and provide for their children after leaving the hostels, refunds were made of half the contributions paid, with a maximum of £10 in any one case.

### CARE OF PREMATURE INFANTS.

193 premature births (60 more than in 1950) were notified during the year as follows:—

Where born.	No.
At home ... ..	112
At private nursing home ... ..	8
At regional hospital board establishment	73
	<hr/> 193

The provision of two Queen Charlotte type oxygen tents was referred to in my report for 1949. The tent retained at this headquarters was requested on two occasions during the year. In one case of suspected premature twins, a normal full-term infant was born and the tent was not required, but in the other instance, premature twins were born and made good progress with the aid of the tent. The tent kept at King's Lynn was requested for premature twins but, unfortunately, in this case the infants did not survive.

A new classification of birth weights has been introduced by the Minister of Health as a result of consideration given to prematurity and foetal deaths by the World Health Organisation. Detailed information is also required

about the weights of the foetus in abortions of 18-28 weeks and stillbirths, for comparison with the weights of live premature infants according to the period of survival. This information is included, with details of the 193 premature births, in the following table:—

	Birth weight	Born at home		Born in private nursing home		Born in hospital	Total
		Nursed at home	Transferred to hospital	Nursed at private nursing home	Transferred to hospital		
Died in 1st 24 hours	Under 2 lbs. 4 ozs. ...	3	2	—	—	3	8
	2 lbs. 4 ozs.—	5	—	—	—	1	6
	3 lbs. 5 ozs.—	3	3	—	—	—	6
	4 lbs. 6 ozs.—	—	—	—	—	1	1
	4 lbs. 7 ozs.—	—	—	—	—	—	—
	4 lbs. 15 ozs.	—	1	—	—	—	1
	5 lbs.—	—	—	—	—	—	—
Died 2nd—7th day	Under 2 lbs. 4 ozs. ...	—	—	—	—	—	—
	2 lbs. 4 ozs.—	—	1	1	—	1	3
	3 lbs. 5 ozs.—	1	2	—	—	1	4
	4 lbs. 6 ozs.—	—	—	—	—	2	2
	4 lbs. 7 ozs.—	—	—	—	—	—	—
	4 lbs. 15 ozs.	1	—	—	—	—	1
	5 lbs.—	—	—	—	—	—	—
Died 8th—28th day	Under 2 lbs. 4 ozs. ...	—	—	—	—	—	—
	2 lbs. 4 ozs.—	—	1	—	—	—	1
	3 lbs. 4 ozs.—	—	1	—	—	1	2
	3 lbs. 5 ozs.—	1	1	1	—	—	3
	4 lbs. 6 ozs.—	—	1	—	—	1	2
	4 lbs. 7 ozs.—	—	1	—	—	—	—
	4 lbs. 15 ozs.	—	1	—	—	1	2
Survived 28 days	Under 2 lbs. 4 ozs. ...	—	—	—	—	1	1
	2 lbs. 4 ozs.—	4	1	—	—	3	8
	3 lbs. 4 ozs.—	12	3	2	1	12	30
	3 lbs. 5 ozs.—	17	5	—	—	15	37
	4 lbs. 6 ozs.—	41	2	3	—	31	77
	4 lbs. 7 ozs.—	—	—	—	—	—	—
	4 lbs. 15 ozs.	—	—	—	—	—	—
Totals ...		88	24	7	1	73	193

Stillbirths and abortions (18-28 weeks' gestation only) where foetus was 5½ lbs. or less—figures relate to seven months 1st June to 31st December:—

	Stillbirths.	Abortions.
Under 2 lbs. 4 ozs. ...	3	9
2 lbs. 4 ozs.—3 lbs. 4 ozs. ...	4	1
3 lbs. 5 ozs.—4 lbs. 6 ozs. ...	4	—
4 lbs. 7 ozs.—4 lbs. 15 ozs. ...	1	—
	12	10

## ANTE-NATAL AND POST-NATAL ARRANGEMENTS.

The County Council has no ante-natal or post-natal clinics, medical practitioner/obstetricians providing the necessary care in domiciliary midwifery cases and receiving the appropriate fees for examinations and reports. Cases referred to hospital for confinement because of unsatisfactory home conditions attend the hospitals' ante-natal booking clinics. There was a further decline in the number of expectant mothers examined under this scheme, due, no doubt, to the increased facilities offered through the general maternity medical service under Part IV of the National Health Service Act. The numbers of examinations carried out under the scheme since the beginning of 1947 (the last full year before the introduction of the National Health Service) are given below:—

Year	Patients examined ante-natally	Patients examined post-natally
1947	1180	104
1948	974*	122
1949	424	74
1950	238	82
1951	171	72

\*Includes 748 examined prior to 5th July, 1948.

## INFANT WELFARE CENTRES.

There has been no change in the number of main infant welfare centres but in one case the number of sessions per month was reduced from three to two. The 49 main centres are held:—

Twice weekly	...	...	...	1
Twice monthly	...	...	...	11
Monthly	...	...	...	35
Alternate months	...	...	...	2

The Isle of Ely County Council has continued to provide facilities at the Wisbech Centre for mothers and young children living in the adjacent fringe area of this county.

The Council's village infant welfare centre scheme, full details of which were included in the report for 1949, has shown satisfactory expansion during the year.



The original scheme provided for the establishment of 111 village centres, serving approximately 200 villages, and 105 of these were in operation at the commencement of the year. The establishment has now been increased to 121 centres by development, in accordance with the Council's policy, of 2 former voluntary weighing centres and the establishment of 8 further centres where the need was proved. At the end of the year, 118 village centres were functioning, covering some 218 villages.

The value of these centres can be clearly seen by a comparison between the attendances for 1950 and 1951, although it should be mentioned that the scheme for village centres did not come into full operation until the middle of 1950. The object of bringing welfare centre facilities within easy reach of the majority of mothers and young children has been achieved in an economical manner, and a fair proportion of mothers have taken advantage of the scheme.

The Council is very grateful to the many interested persons who have given, and are continuing to give, the voluntary help which is essential to the success of both main and village centres.

Details of attendances are:—

	First attendances		Total attendances	
	1951.	1950.	1951.	1950.
<i>Full Centres</i> (49)—				
Under 1 year of age ...	1,837	1,873	15,107	14,260
Over 1 year of age ...	565	648	14,106	13,116
	<hr/> 2,402 <hr/>	<hr/> 2,521 <hr/>	<hr/> 29,213 <hr/>	<hr/> 27,376 <hr/>
<i>Village Centres</i> (118)—				
Under 1 year of age ...			8,281	5,014
Over 1 year of age ...			12,655	6,707
			<hr/> 20,936 <hr/>	<hr/> 11,721 <hr/>
Increase over 1950 ... 9,215 attendances.				

#### VOLUNTARY WEIGHING CENTRES.

In addition to the Council's main and village centres, there are 31 voluntary weighing centres and a further 7 voluntary centres at R.A.F. stations. These latter are intended to serve the needs of R.A.F. families, equipment and voluntary helpers being supplied from the station, while the station medical officer usually attends. The Council's health visitors and district nurses also attend these centres and welfare foods and medicaments are made available. No figures of attendances can be provided for either the voluntary or the R.A.F. centres.

#### WELFARE FOODS AND MEDICAMENTS.

Increased welfare centre facilities have resulted in a larger demand for welfare foods which are available at cost price, or free in necessitous cases. The issue of medicaments has also increased. Only two applications were received during the year for the free supply of welfare foods to necessitous

persons. The extent to which the sale of welfare foods and the issue of medicaments has increased during the last three years is illustrated by the following table:—

WELFARE FOODS.		1951	1950	1949
Dried Milk	...	34,469 lbs.	31,659 lbs.	27,263 lbs.
Cereals	...	3,695 lbs.	2,600 lbs.	1,738 lbs.
Brand's Strained Foods		341 tins	596 tins	645 tins
Brestol	...	155 tins	360 tins	405 tins
MEDICAMENTS.				
Adexolin	...	1,282 botts.	1,081 botts.	818 botts.
Parrish's Food	...	295 botts.	287 botts.	252 botts.
Virol	...	13,114 carts.	12,903 carts.	6,737 carts.
Maltoline	...	2,670 jars	2,600 jars	2,163 jars
Maltoline with Iron	...	5,804 jars	3,782 jars	2,676 jars
Glucose	...	2,025 pkts.	2,190 pkts.	2,332 pkts.
Halibut Liver Oil	...	9,329 phls.	7,385 phls.	5,422 phls.
Iron Tablets	...	70,200 tabs.	63,100 tabs.	42,600 tabs.
Ostocalcium	...	44,700 tabs.	45,000 tabs.	45,200 tabs.
Vitamin C.	...	5,250 tabs.	9,000 tabs.	9,200 tabs.
Lactagol	...	7,719 tins	5,248 tins	2,730 tins.
Malt Extract and Cod Liver Oil	...	217 tins	194 tins	—

## DENTAL TREATMENT.

The Senior Dental Officer reports—

“During the year 1951, the services of one full-time dental officer were lost. To offset this, the offer of part-time help by two dental surgeons was accepted upon a temporary basis.

The same unhappy state of the public dental service which has prevailed since 5th July, 1948, still exists. It remains to be seen whether the salary scales recommended by the Whitley Council will produce a satisfactory solution of this problem.

I must re-emphasise the melancholy fact that, although there were 5,500 births and 31,000 pre-school children in this county in 1951, yet our diminished and totally inadequate staff for this purpose could only offer treatment to 56 mothers and 166 children.”

*Numbers provided with dental care—*

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and nursing mothers	65	56	56	56
Children under five	168	166	166	166

*Forms of dental treatment provided—*

	Extrac- tions.	Anæsthetics		Fill- ings.	Silver Nitrate treat- ment.	Dress- ings.	Dentures provided	
		Local.	General.				Com- plete.	Par- tial.
Expectant and nursing mothers	164	41	15	41	—	10	4	21
Children under 5	235	61	44	7	236	—	—	—

## DAY NURSERIES.

There are no day nurseries in the county.



## **NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.**

One person was registered under this Act for two children but the registration was cancelled before the end of the year as being no longer required. At the end of the year there were five registrations with facilities for forty children (two premises for a total of eight children and three daily minders for a total of thirty-two children).

## **BIRTH CONTROL.**

The Norwich Mothers' Clinic and the Cambridge Clinic organised by the Cambridge Women's Welfare Association have continued to provide constructive birth control facilities for Norfolk mothers.

## **NOTIFICATION OF BIRTHS.**

5,125 live and 108 still-births were notified in 1951.

## **INFANT METHAEMOGLOBINAEMIA.**

A few isolated cases of infant methaemoglobinaemia have occurred in the county. This is a condition peculiar to artificially fed babies under one year of age and is caused by the high nitrate content of the water used for drinking purposes.

As a high percentage of the water supplies of the county are still derived from shallow wells, a procedure was instituted in August whereby the drinking water of all artificially fed infants was examined for nitrate content, unless it was drawn from a known public mains supply. If the water proved unsatisfactory, an alternative safe water was found.

Since this procedure was instituted, the water supply in respect of 108 artificially fed infants has been investigated. In 31 instances the water supply was found to be unsafe and in every case an alternative safe water supply was found.

## **V. MIDWIFERY SERVICES.**

The Norfolk County Nursing Association has, as the Council's agent, continued to provide the domiciliary midwifery service.

4 whole-time midwives and 141 district nurse midwives were employed at the end of the year.

## **PRACTISING MIDWIVES.**

Notice of intention to practise in the county was received from 262 midwives, 44 ceased to practise and at the end of the year there were 218 on the register, the same number as at the end of the previous year. The County Nursing Officer and her assistants, acting as non-medical supervisors of midwives, made 517 visits of inspection during 1951.

## **EMERGENCY MEDICAL AID.**

Since 1948 there has been a marked decline in the number of cases in which it has been necessary for the midwife to summon medical aid, largely attributable to the maternity services provided by medical practitioners under Part IV of the National Health Service Act, 1946. The decline during the year has continued, but to a much less extent than in the three preceding



years. The numbers of cases dealt with during the past four years are given below for comparative purposes:—

1948	...	...	...	...	615
1949	...	...	...	...	407
1950	...	...	...	...	286
1951	...	...	...	...	229

139 of the calls during 1951 were for midwifery cases, 72 for maternity cases and the remaining 18 for institutional confinements.

## CONFINEMENTS.

During the past three years there has been a large decrease in the number of domiciliary confinements and a corresponding increase in the number of cases admitted to maternity accommodation.

The decline in the number of domiciliary confinements with the doctor present at the actual confinement, noted in last year's report, has continued. Of the 3,433 domiciliary confinements, 751 (22%) were dealt with entirely by the district nurse midwives, no doctor having been booked for the confinement. The remaining 2,682 (78%) engaged the services of a doctor. Of these, in 1,374 (51%) the doctor was present at the actual confinement and the district nurse midwives acted as maternity nurses. The balance of 1,308 (49%) were attended at the confinement by the district nurse midwives and these, with the 751 mothers who did not engage a doctor, make up the midwifery cases total of 2,059.

The following table gives comparative figures for the past three years:—

	1951	1950	1949
Attended by district nurse midwives:			
Midwifery cases ... ..	2,059	2,113	2,037
Maternity cases ... ..	1,374	1,676	2,117
	<hr/>	<hr/>	<hr/>
	3,433	3,789	4,154
Confinements in county homes	53	19	74
Confinements in hospitals ...	1,427	1,019	568
Private confinement cases ...	449	485	572
	<hr/>	<hr/>	<hr/>
...	5,362	5,312	5,368
	<hr/>	<hr/>	<hr/>
Visits made:—			
Maternity and midwifery ...	64,272	64,581	76,486
Ante and post-natal ...	28,230	27,303	31,585

## ANALGESIA.

125 domiciliary midwives practising in the county were qualified to administer gas and air analgesia at the end of 1951, a reduction of 3 during the year. There are 121 machines in use by the district nurse midwives. Analgesia was administered by midwives in 1,675 cases (1,079 midwifery and 596 maternity) compared with 1,540 in the previous year. Medical practitioners issue certificates of fitness for analgesia free of charge.

**OPHTHALMIA NEONATORUM.**

8 cases were reported during the year, all in respect of domiciliary confinements. In 1 case it was necessary for the patient to be admitted to hospital but there was no impairment of vision in any case.

**PUERPERAL PYREXIA.**

The Puerperal Pyrexia Regulations (1951) came into force on 1st August, 1951. These regulations define puerperal pyrexia as any febrile condition occurring in a woman in whom a temperature of 100.4 degrees fahrenheit or more is recorded within fourteen days after childbirth or miscarriage. The 1939 regulations which were revoked had required a sustained or recurring similar temperature during a period of 24 hours, within 21 days of childbirth or miscarriage. The new regulations will result in more notifications being received in future.

During 1951 there were 26 cases notified compared with 15 cases in 1950, in respect of 12 domiciliary and 14 institutional confinements. The necessary facilities for treatment were available in all cases.

**VI. HEALTH VISITING.**

At the end of the year the staff consisted of:—

- 2 full-time health visitors;
- 10 full and 1 part-time school nurse/health visitors;
- 8 full-time school nurses.

It is estimated that the time devoted to health visiting duties was equivalent to approximately 9 full-time health visitors, the balance being engaged on school health service work. In addition, 121 district nurse midwives employed by the County Nursing Association devoted approximately 20% of their time to health visiting duties, equivalent to 24 whole-time officers.

The Council is still prepared to offer scholarships to suitable student health visitors conditional upon them undertaking to work for at least two years in Norfolk after qualifying but no applications were received during 1951.

The work of the health visitors over the last five years is summarised below:—

Year.	Ante-natal visits	First visits to children under 1 year.	Total visits to children 0—5 years.	Total visits.
1947	22,887	5,785	100,712	123,599
1948	20,964	5,589	106,310	127,274
1949	16,692	5,101	101,570	118,262
1950	14,466	4,720	91,347	110,533
1951	14,562	5,019	104,131	123,712

The work of the tuberculosis health visitors is included in the section of the report dealing with tuberculosis.



## VII. HOME NURSING.

The Norfolk County Nursing Association acts as agent of the County Council for this service. 4 nurses devoted the whole and 141 district nurse midwives approximately one-third of their time to these duties. It is estimated that the equivalent of 50 whole-time nurses are engaged in this service.

	1951.	1950.	1949.
Cases attended ...	11,356	11,427	10,397
Visits made ...	181,020	158,273	158,898

The number of cases attended during the year shows little change from the previous year's figure but there has been a marked increase in the number of visits made to patients. Modern methods of treatment are generally effecting speedier cures but involve a greater use of nursing staff.

Close co-operation has been maintained with the hospitals to ensure adequate and immediate follow-up of patients discharged from hospital who require general nursing care, injections, change of dressings, etc., and in this way every effort is being made to free hospital beds in the shortest possible time, consistent with the interests and well-being of the patient.

## VIII. HOUSING ACCOMMODATION FOR DISTRICT NURSES.

During the year, the first of the Council's houses built specially to meet the needs of the district nurses was completed and occupied and progress was made with the erection of others in districts where the need was greater. Early in the year, the whole question of the housing of district nurses was reviewed and a five-year building programme was formulated, taking into account all the circumstances, as far as could be foreseen, that were likely to arise in the various nursing districts during that period. The programme has been based on the assumption that six houses a year will be built. To assist in the preparation of this programme the Council approached the Borough, Urban and Rural housing authorities in the county enquiring whether they were prepared to allocate a council house in each of the nursing districts concerned in the 1952/53—1955/56 programme or, where this was not possible, to offer to the County Council a suitable building site for the erection of a standard type nurse's house. This brought forth a highly satisfactory response. Two councils offered houses, 19 were prepared to offer sites and only 3 were unable to assist. These offers are being fully investigated and meanwhile the approval of the Minister of Health is being sought to the 1952/53 programme.

At the end of the year, the 149 district nurses employed in the county were accommodated as follows:—

Living in County Council House.	Renting District Council House.	Living in own House.	Property rented by, or leased to the County Nursing Assoc.	Renting other Property.	Living in rooms.
3	47	37	27	26	9



## IX. REFRESHER COURSES FOR NURSING STAFF.

During the year the following courses were attended by members of the supervisory and district nursing staff:—

Midwives' Refresher Courses ...	Attended by 4 district nurse midwives.
Post-Certificate Course for Supervisors of Midwives, 9th-14th April ... ..	Attended by Deputy County Nursing Superintendent.
Health Visitors' Post-Certificate Refresher Course, 12th-24th November ... ..	Attended by one health visitor.

In addition to the above courses, the Nation's Nurses Conference No. 10 (Health and Finance), held under the auspices of the Royal College of Nursing on 7th-9th November, was attended by the Deputy County Nursing Superintendent and a member of the Council's Maternity and General Welfare Sub-Committee.

## X. VACCINATION AND IMMUNISATION.

### VACCINATION.

1,953 children under the age of one year were vaccinated during 1951, 35.4% of the number of births, compared with 23.4% of the births in 1950 and 20% in 1949. This increase is most encouraging although there is still a long way to go before the position can be regarded as satisfactory. Medical officers, district nurses and health visitors continued their efforts in this direction.

The Ministry of Health return of cases vaccinated or re-vaccinated was revised during the year and new age groups formed. This makes it impossible to give comparative figures for this and previous years in the age groups quoted in previous reports and the totals only of vaccination and re-vaccination are given for comparative purposes in the following table:—

Age at which vaccinated.		Vaccination.	Re-vaccination.
Under 1 year ...	...	1,953	7
1 year ...	...	246	—
2—4 years ...	...	117	21
5—14 years ...	...	130	79
15 years and over ...	...	223	640
Total 1951 ...		2,669	747
Total 1950 ...		1,920	470
Total 1949 ...		1,648	313

### DIPHTHERIA IMMUNISATION.

The need for immunisation against diphtheria and the steps taken towards obtaining 100% immunisation of the child population of the county were explained in detail in the last report and there has been no variation during the year.

The following table shows the number of record cards received at each local health office for the years 1950 and 1951. It is gratifying to note an increased number of primary immunisations and re-inforcing injections in 1951.

Primary immunisations.

Area.	0—5 years.		5—14 years.		Total.		Booster doses.	
	1951.	1950.	1951.	1950.	1951.	1950.	1951.	1950.
1 ...	454	493	10	349	464	842	79	416
2 ...	250	278	322	6	572	284	775	12
3 ...	263	279	302	270	565	549	747	489
4 ...	449	442	235	208	684	650	911	691
5 ...	542	175	71	47	613	222	203	153
6 ...	338	358	254	110	592	468	428	909
7 ...	338	265	35	55	373	320	45	36
8 ...	502	312	37	68	539	380	245	234
9 ...	351	477	64	164	415	641	349	460
Totals	3,487	3,079	1,330	1,277	4,817	4,356	3,782	3,400

It will be noted that there have been decreases in the numbers dealt with in Areas 1 and 9 during 1951. This may be attributed to the lack of an assistant county medical officer for most of the year in Area 1 and to the reversion to normal in King's Lynn after the publicity campaign of 1949. A further campaign is to be organised in the King's Lynn area.

Details of children known to have been immunised at any time up to the 31st December, 1951 :—

	Population.	No. immunised.	Percentage of population.	1950 figures.
Under 5 years ...	31,050	14,610	47.05	47.17%
5—14 years ...	52,030	41,965	80.65	80.32%
	83,080	56,575	68.09	67.74%

Only one case of diphtheria was notified during 1951 compared with an average of seven cases per annum for the previous four years. No deaths from the disease have occurred since 1946.

## XI. AMBULANCE SERVICE.

### INFECTIOUS DISEASE TRANSPORT.

The Council has continued to provide transport in infectious diseases cases by means of the ambulances stationed at East Dereham and King's Lynn and the sitting-case car at East Dereham.

To utilise the East Dereham vehicles to the fullest possible extent, the Health Committee decided that certain cases removed by the local welfare officers should be conveyed by these vehicles. From 1st June, when the arrangements came into effect, the East Dereham ambulance conveyed 80 such cases (827 miles) and the car 11 cases (564 miles).



The two ambulances dealt with 199 infectious diseases calls and covered 8,788 miles, conveying 205 patients. The car was utilised on 216 journeys for 230 patients, the total mileage being 9,729.

## GENERAL AMBULANCE SERVICE.

The general ambulance service has continued to operate under the agency agreement with the voluntary organisations as outlined in the 1948 report.

The allowance paid to volunteer car drivers was increased from 6½d. to 7d. per mile from 1st April, 1951, in view of the higher cost of petrol. The rate for ambulances has continued at 1/6d. per mile.

### AMBULANCES.

The demands upon the ambulance service show only a very slight average monthly increase above those of the previous year and indicate that the position is becoming stabilised. The average monthly figures of the past 3½ years are:—

		Patients	Mileage	Cost £
1948	...	586	17,563	1,360
1949	...	655	18,389	1,470
1950	...	737	20,810	1,620
1951	...	751	21,252	1,667

During 1951 the agency ambulances made a total of 8,214 journeys (including 1,523 accident and other emergency calls) and conveyed 9,016 patients. The mileage involved was 255,006.

### CAR SERVICE.

The Health Committee has continued to keep a careful watch upon the demands made on this service and has enlisted the aid of hospital staffs and medical practitioners to ensure that cars are only provided at public expense for those patients who, for medical reasons, are unfit to travel by other means. A very careful scrutiny of all long distance removals to treatment centres outside the county has ensured that wherever possible arrangements have been made to utilise rail services for all or part of the journey. It is gratifying to record that there was an appreciable drop in the number of patients conveyed and in the mileage and that, despite the increased mileage rate from 1st April, there was a small saving in the cost of the service. Average monthly figures for the past two years are:—

		Patients	Mileage	Cost £
1950	...	2,716	87,563	2,400
1951	...	2,494	80,230	2,368

During the year, 24,962 journeys were made and 29,925 patients were conveyed. The total mileage was 962,741.

A few instances occurred where it was not possible to arrange for urgent cases requiring hospital treatment to be conveyed by sitting-case car, usually late in the evening or during the night, and to avoid delay, the medical practitioner concerned conveyed the patient in his own car. Accordingly, in



March, 1951, the Health Committee decided to invite medical practitioners to enrol in the car service. By the end of the year, 36 medical practitioners had enrolled and had conveyed 9 patients to hospital in their own cars. There were 320 volunteer car drivers on the normal register. The Council expresses thanks to all the car drivers for the whole-hearted and efficient manner in which they have assisted in meeting the heavy demands on the service.

### **MUTUAL ASSISTANCE ARRANGEMENTS.**

These continued with neighbouring authorities at the nationally agreed rates of 2/- per mile for ambulances and 6d. per mile for cars.

### **NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1949.**

The effect of Section 24 of this Act on this county and the steps taken to co-operate with the Norwich authority were detailed in the last report. 1,340 returning vehicles were made available in Norwich to the Norwich Ambulance Service during 1951 and some of these were utilised to convey to their homes in Norfolk 80 ambulances and 322 car cases.

## **XII. PREVENTION OF ILLNESS, CARE AND AFTER-CARE.**

### **TUBERCULOSIS.**

There has been no change in the scheme for the care and after-care of tuberculosis patients during the year and Drs. W. B. Christopherson and G. F. Barran have continued as the chest physicians for the eastern and western parts of the county. The joint-user arrangement between the Council and the East Anglian Regional Hospital Board has worked very satisfactorily and has ensured the closest possible links between treatment, which is the responsibility of the Board, and after-care which it is the duty of the local health authority to provide.

### **B.C.G. VACCINATION.**

The scheme for B.C.G. vaccination has continued along the lines detailed in the report for 1950. The Minister of Health approved amended proposals enabling children to be boarded out during B.C.G. vaccination but it was not necessary to make any such arrangements during the year.

B.C.G. vaccination was carried out in 314 cases compared with 99 in 1950. Details are:—

0—4.	5—15.	16 and over.	Total.
130	160	24	314

### **TUBERCULOSIS HEALTH VISITORS.**

The two tuberculosis health visitors have continued to attend all chest clinics. The health visitor for the western portion of the county attended a refresher course in Edinburgh in September, organised by the Scottish Branch of the National Association for the Prevention of Tuberculosis.

### **REVOLVING SHELTERS.**

Improved housing conditions and improved methods of treatment of the disease have resulted in the demand for shelters dropping very considerably

during the past few years. This resulted in half the available shelters being kept in store and it was decided to dispose of forty. The number of shelters was accordingly reduced from 158 to 118 and, of these, 70 were in use and the remainder in store at the end of the year.

#### EXTRA NOURISHMENT.

Maltoline and iron and cod liver oil are supplied free of charge to patients on the recommendation of the chest physicians and also milk when the financial circumstances of the patients preclude them from purchasing this themselves. Milk was granted to 61 patients, maltoline was supplied to 65 patients, maltoline and iron to 20 and cod liver oil to 10. Maltoline has now been replaced by maltoline and iron.

#### REHABILITATION.

The Council's Scheme provides for the payment of rehabilitation fees at colonies in cases recommended by the chest physicians and accepted by the colonies as suitable. All such cases are admitted to the colonies in the first place as regional hospital board patients and the Council's financial responsibility does not commence until the patient is fit to work five hours daily. No cases were being colonised at the commencement of the year, but six cases were admitted and had commenced rehabilitation by the end of the year. All these cases were in the Papworth Village Settlement.

#### NOTIFICATIONS.

The Ministry of Health during the year issued a circular defining the type of case to be notified in future, viz:—

“A person who, because of tuberculous infection, may infect others; or a person who is suffering from an active tuberculous lesion which calls for medical treatment or for some modification of the patient's normal course of living.”

This may result in a slightly smaller number of notifications being received in future as cases where the disease has become quiescent or arrested before a diagnosis is made will not be included.

319 cases (226 pulmonary and 93 non-pulmonary) were reported by formal notification during the year. The number of new cases notified has shewn little change over the last five years. The numbers of new cases notified and the case rates per 1,000 of the population during the past five years are given below:—

Year.		No. of pulmonary cases.	Case-rate.	No. of non-pulmonary cases.	Case-rate.
1947	...	215	0.62	121	0.34
1948	...	239	0.68	87	0.25
1949	...	218	0.62	91	0.26
1950	...	232	0.64	91	0.25
1951	...	226	0.60	93	0.25



Mortality figures for the same five years are:—

Year.		No. of pulmonary cases.	Case-rate.	No. of non-pulmonary cases.	Case-rate.
1947	...	89	0.26	25	0.07
1948	...	103	0.29	30	0.08
1949	...	100	0.28	13	0.04
1950	...	72	0.19	12	0.03
1951	...	56	0.15	9	0.02

The numbers of cases remaining on the after-care register at 31st December, 1951, were:—

		Male.		Female.		Total.	
		1951.	1950.	1951.	1950.	1951.	1950.
Pulmonary	...	565	513	483	417	1,048	930
Non-pulmonary	...	61	115	75	114	136	229
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		626	628	558	531	1,184	1,159
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Further efforts have been made to bring the notification register up to date by investigating the position regarding cases notified several years before and not included in the dispensary registers of the chest physicians, whose present condition and whereabouts were often unknown. The medical practitioners who had originally notified these cases were approached with the result that a total of 699 cases was removed. This has largely accounted for the very marked decrease in the number of non-pulmonary cases on the after-care register. There is still a large number of patients on the notification register who are not on the after-care register as they have declined visits by the tuberculosis health visitors, whilst others are in county homes, mental hospitals and other institutions where after-care is provided by the staff.

#### REPORTS OF CHEST PHYSICIANS.

Dr. W. B. Christopherson, the chest physician for the eastern half of the county, reports:—

“A close liaison has been maintained between the medical work of our chest clinics and the preventive and after-care work of the County Council. This has been considerably helped by the attendance at our clinic sessions of the tuberculosis health visitor. This has enabled a close contact to be maintained.

No less than 717 contacts were seen during the year, but this work has been impaired by the universal shortage of X-ray films. The latter were only available for a very small percentage of contacts seen for the first time and the unsatisfactory alternative of screening has had to be substituted.

We have continued to vaccinate with B.C.G. close contacts of patients suffering from active disease. This has generally been done while the relation in question has been under treatment at sanatorium or while the contacts have been segregated for the special purpose of vaccination. Refusal of parents to allow their children to be vaccinated is extremely uncommon. All those vaccinated during 1951 have obtained satisfactory Mantoux conversion.



I am glad to say that, chiefly owing to increased accommodation, the waiting list for admission to sanatorium has been considerably shortened and patients can now usually be admitted after a delay of some 4—6 weeks only.

Some 1,093 new cases were seen at our clinics during the year. A very small percentage were found to be suffering from pulmonary tuberculosis.

Patients are, of course, sent for consultation to the chest clinics for other forms of chest disease. In all, some 7,658 patients attended at the clinics during the year.

The Ministry of Health has now established new criteria for notification and it is hoped that this will in future give a more satisfactory and accurate index of the incidence of the disease.

A fairly large number of cases with pulmonary abnormalities have been referred to the chest clinic by Dr. T. O'Riordan, Director of the Mass Radiography Unit. Several cases of active disease have been discovered by this means and treatment obtained."

Dr. G. F. Barran, chest physician for the western half, writes:—

"One of the major criticisms of the National Health Service Act (1946) continues to be widely expressed, namely, that arrangements for the campaign against tuberculosis are centrally in the hands of too many Ministries. Locally too, it is claimed that there are too many interested bodies—the regional hospital boards, the county councils and the smaller local authorities—all of which, to a greater or lesser degree, are unco-ordinated in their efforts. It may be true that such an arrangement can prove unwieldy in the larger and more populous areas and can put too great a strain on the adaptability and goodwill of the individual, but it is pleasing to be able to state that in Norfolk, where close personal contact is perhaps easier to obtain, the tuberculosis service continues to work with the minimum of difficulty. The holding of six-monthly conferences in Norwich, whereby general practitioners, medical officers of health, health visitors, sanitary inspectors, chest physicians and other workers in the field, have occasion to meet and discuss mutual problems, has played a most useful part. Improvements can always be made and minor difficulties may arise, but in the main the scheme in the county works very smoothly.

#### *Notifications.*

The number of new cases of pulmonary tuberculosis notified during the year, shows no great change from the figures for the preceding four years. This apparent lack of a decrease in morbidity, commensurate with the fall in mortality, is not as disquieting as it might seem, for there is a greater awareness of the need to notify cases of tuberculosis, a fact which tends to swell the numbers on the register. The recently published recommendation of the Minister of Health on this subject should lead to a more uniform system of notification in the county as a whole and thus, in the future, give morbidity figures sufficiently reliable from which the trend in incidence can be deduced.

### *Mortality.*

The number of deaths from pulmonary tuberculosis in the county shows a further marked fall to 56, almost half the deaths recorded in 1949. This reduction, in so short a space of time, cannot be attributed only to changing social conditions or to a natural variation in the disease's virulence but must, to a considerable extent, be due to more successful methods of treatment by the recently discovered drugs and by improved surgical methods.

### *Contact Examination.*

The examination of the contacts of tuberculous persons continues to be actively pursued. 453 new cases were seen during the year and 1,554 examinations were made in all. The lamentable shortage of X-ray films has, however, affected this work and resource has had to be made to fluoroscopy, a useful but probably less reliable method of examination.

### *Mass Miniature Radiography.*

Neither of the two units situated in East Anglia has been able to visit the area during the year. In view of the valuable contribution made to the case-finding programme in 1950 by such service, this has been a disappointment. Arrangements have however been made for a return visit early in 1952.

### *Vaccination with Bacille Calmette-Guerin (B.C.G.).*

Increasing use of the vaccine has been made and it is extremely rare for vaccination to be refused when recommended by the chest physician. Patients have voiced no criticism and not even minor ill-effects have ensued. It is clear that this method of preventative inoculation is being increasingly accepted, and often demanded, by the people. The numbers involved were:—

Hospital staff	...	...	...	10
Tuberculosis contacts	...	...	...	155
Others	...	...	...	57

Progress has been made during the year on a pilot scheme introduced into the King's Lynn schools for the voluntary vaccination of school leavers. It is too early to publish statistics of any value, but it can be said that the response has been most satisfactory, that no major difficulty has arisen and that the work entailed, both of a clinical and of an administrative nature, has not proved as much as was anticipated.

### *Rehabilitation and After-care.*

The return of the tuberculous patient to active employment of a suitable nature, is the final goal at which to aim. In time of full employment, the quiescent case has little difficulty in finding work and the village settlement gives opportunity to those for whom some sheltered employment is necessary. The colony's offer of short-term rehabilitation or of colonisation still appeals only to the minority. The necessity of again leaving home after a long period of treatment and the fact that the occupation of their choice may not be available for them, are the chief reasons why these excellent institutions are not more widely appreciated.



The group of patients most in need of help, both from their own point of view and from that of the public health, continues to be those with chronic disease, where complete recovery is unlikely, and who continuously or intermittently expectorate tubercle bacilli. In densely populated areas, the resident hostel with an appropriate occupational workshop is the probable solution, but in scattered communities where the total number of cases falling into the category is only small, the difficulty is no nearer solution."

#### PROTECTION OF CHILDREN FROM TUBERCULOSIS.

In accordance with the recommendations contained in Ministry of Health circular 64/50 of 3rd July, 1950, details of which were given in last year's report, 56 X-ray examinations were made during the year, of occupation centre and children's home staffs, area children's visitors, dental attendants, clerk attendants and child minders. The majority of these examinations were carried out by private radiologists since the mass radiography unit was not available. This service will be available early in 1952, however, and, wherever possible, will be used for future X-ray examinations under this scheme.

#### VENEREAL DISEASE.

The follow-up scheme for venereal disease, detailed in the report for 1949, has been continued. The number of cases referred remains small.

#### PROVISION OF NURSING EQUIPMENT.

The Norfolk branches of the British Red Cross and the St. John Ambulance Brigade act as agents of the Council for the loan of nursing equipment. 134 depots have been set up and 2,175 patients took advantage of the scheme during the year compared with 2,419 in 1950.

The Council acknowledges the ready co-operation of the voluntary organisations in this scheme and expresses appreciation of the work of the voluntary personnel at the various depots.

#### RECUPERATIVE HOMES.

Ministry of Health circulars 14/49 and 112/49, dealing with the question of recuperative convalescence, were outlined in the report for 1949 and the joint survey of non-transferred convalescent homes in the county by representatives of the regional hospital board and the Council was also referred to in that report. The result of this survey was issued in 1951 and the two homes concerned (Overstrand Hall Convalescent Home and Hunstanton Convalescent Home) were found to be in the category of those which provide recuperative facilities of the "holiday home" type. The Health Committee reviewed the position and authorised the admission of persons to this type of home when necessary.

Arrangements were made for 3 persons to spend two weeks' convalescence at the Hunstanton Convalescent Home and for 1 person to stay at the Infantile Paralysis Fellowship Hostel, Worthing, for a similar period.



### XIII. HOME HELP SERVICE.

#### ORGANISATION.

In October, 1949, the appropriate sub-committee decided to limit the recruitment of further home helps to "occasionals," thereby avoiding the possibility of considerable payment for standby duty when work could not be found for regular full and part-time home helps. At that time there were 45 full-time and 46 part-time home helps with 194 "occasionals." Resignations reduced the number of regular home helps to 11 full and 30 part-time and this was causing the service to falter as many "occasionals" would only undertake work in certain households. In March, therefore, the sub-committee reconsidered the position and authorised an establishment of 11 full-time and 38 part-time home helps.

Towards the end of the year, difficulty was being experienced in obtaining occasional home helps as wages in alternative occupations had been raised and an increase of 1d. (from 1/9d. to 1/10d. per hour) was authorised from the commencement of 1952.

The numbers of home helps employed at the end of the year were as follows: —

Area	Regular.		Occasional		Total
	Whole-time	Part-time	Working	In reserve	
1	2	1	15	22	40
2	2	1	16	3	22
3	—	1	20	19	40
4	2	6	41	17	66
5	1	5	32	25	63
6	1	4	62	21	88
7	—	—	17	21	38
8	3	6	41	9	59
9	—	2	5	18	25
Totals	11	26	249	155	441

#### LIMITATION OF SERVICE PER CASE.

The arrangements made to restrict expenditure, detailed in the last report, have been continued throughout the year. These have enabled the Council to meet all legitimate requests for assistance.

The normal average hours may be exceeded when the circumstances demand and excess hours were granted in 393 of the 1,245 cases assisted during the year:—

Category.	Cases assisted.	Cases granted excess hours.	Total excess hours.
Maternity ...	342	155	2,825
Children without mother ...	38	14	737
Post-operative ...	38	19	1,972 $\frac{1}{2}$
Sick ...	597	154	17,952 $\frac{3}{4}$
Old age ...	181	42	7,069 $\frac{1}{4}$
Blind ...	33	9	2,730 $\frac{3}{4}$
Tuberculous ...	16	—	—
	1,245	393	33,287 $\frac{1}{4}$

Gross total of home help hours ... 249,224

HOME HELP SERVICE.

TABLE 4.

Summary of the duration of cases assisted during the period 1st January to 31st December, 1951.

Type of case.	Cases assisted up to												Hours of service provided.	Percentage of total service.	Total cases assisted.
	Weeks.				Months.										
	1	2	3	4	5	6	7	8	9	10	11	12			
Maternity ...	45	230	49	18	—	—	—	—	—	—	—	—	23,308	9.81	342
Children without mother ...	7	5	7	2	1	—	1	—	2	—	1	3	9,604	3.85	38
Post-operative ...	2	3	2	4	5	3	1	—	2	1	—	2	7,995	3.21	38
Ordinary sick ...	35	43	44	33	32	23	22	29	29	25	28	84	143,343	57.51	597
Old age and infirm	4	8	5	3	11	7	10	8	14	10	8	47	48,052	19.29	181
Blind ...	1	2	—	—	—	—	2	—	1	3	5	12	2,518	5.02	33
Tuberculous ...	—	1	1	—	—	1	—	—	2	2	—	3	4,504	1.81	16
Totals ...	94	292	108	60	47	32	35	39	50	41	42	151	249,224	100.00	1,245
Number of 1950 cases still being assisted in 1951 ...												...	...	409	
Total number of new cases assisted in 1951 ...												...	...	886	



## CASES ASSISTED.

836 new cases were assisted during the year and 234 continuing cases from 1950 and 175 from 1949 make up the total of 1,245. Table 4 shows the duration of cases assisted, hours of service provided in the various categories and the percentage of the total hours devoted to each. It is interesting to note that maternity cases constituted 27.5% of the total number of cases but received only 9.3% of the total hours. This is, of course, due to the fact that these cases average only just over two weeks per case compared with the long-standing need of many in the other categories. This is, however, a very important factor in relation to recoveries of charges as the maternity cases in the main represent the higher income group whilst the bulk of the service is rendered to the sick and old age infirm groups where income is low.

The expenditure on home help wages, insurance and travelling was £25,320 and recoveries amounted to £3,555, an annual recovery rate of 14%.

## XIV. MENTAL HEALTH.

Progress in connection with the Council's schemes under Sections 28 and 51 of the National Health Service Act, 1946, has been maintained and excellent co-operation has been received from the East Anglian Regional Hospital Board by continuing to make available the services of their consultant staff in the giving of advice with regard to the handling of individual cases.

### ADMINISTRATIVE AND STAFF ARRANGEMENTS.

#### MEDICAL.

Dr. W. W. Sinclair, Senior Medical Officer in charge of the Mental Health Section, is freely available for consultation by the Council's medical and lay staff, general practitioners, etc. The following medical officers are approved by the Council for the purpose of giving certificates under the Mental Deficiency Acts:—

Dr. R. A. Browne

Dr. W. R. Clayton Heslop

Dr. J. V. Morris.

Dr. J. J. Ryan

Dr. W. W. Sinclair

#### RESIGNATIONS.

Mr. F. E. Pascoe, duly authorised and welfare officer (31st July).

Mr. K. L. Musto, assistant to duly authorised and welfare officer (30th April).

Mr. R. A. M. Reeve, assistant to duly authorised and welfare officer (31st October).

#### APPOINTMENTS.

Mr. C. C. H. Morris, duly authorised and welfare officer (12th November).

Mr. N. L. Porter, assistant to duly authorised and welfare officer (1st September).

Mr. A. Keith Goldsworthy, assistant to duly authorised and welfare officer (1st September).

Miss Yvonne Balls, trainee, Sprowston Occupation Centre (1st February).



## TRAINING OF STAFF.

Two duly authorised officers attended a week-end refresher course on Mental Health, organised by the University of Sheffield, and this was found to be most interesting and helpful.

The assistant supervisor at Sprowston Occupation Centre, attended a week's refresher course held at Manchester for staffs of occupation centres, organised by the National Association for Mental Health.

In September, the trainee at King's Lynn Occupation Centre was given leave of absence to enable her to undertake the course organised by the National Association for Mental Health, with a view to obtaining the Diploma for Supervisors of Occupation Centres, the Council paying the fees for the course and also making a grant to assist her with travelling and subsistence. This grant was made subject to the return to the service of the Council for three years on completion of the course.

The follow-up lectures given to the duly authorised officers by Dr. W. J. McCulley, Medical Superintendent of St. Andrew's Hospital, referred to in last year's report, continued well into 1951, and the officers found these talks and discussions to be of great benefit to them. Dr. McCulley has promised to give a further series of lectures in 1952 and has also promised to arrange for small groups of officers to spend varying periods at the hospital in order to make a closer study of types of mental illness and the various treatments afforded.

The outstanding event of the year was the meeting organised in conjunction with the Norwich City Council and the Great Yarmouth County Borough Council at which the speaker was Dr. Alfred Torrie, Medical Director, National Association of Mental Health. This meeting was held at the Assembly House on the 12th February and invitations were extended to members of the Health Committees of the three authorities, to representatives of the voluntary organisations, churches, etc., as well as to the officers of the local authorities. There was a very good attendance and Dr. Torrie's address on "The Achievement of Good Human Relationships" was well received and produced a very helpful discussion. In the morning of the same day, Dr. Torrie spoke to another meeting which was confined to officials connected with mental health work in the area, including the medical staffs of the three authorities, the medical superintendents of the Hellesdon and St. Andrew's Hospitals, health visitors and duly authorised officers. The subject "The Mental Health Team" was graphically illustrated by comparison of the workers in mental health with a football team in which the goalkeeper is the mental hospital and all the other workers in the field occupy a position which plays a part in preventing the ball (the patient) from reaching the goal. Suggestions were asked for as the address proceeded and afterwards there was a discussion of outstanding interest.

## WORK UNDERTAKEN IN THE COMMUNITY.

### UNDER THE LUNACY AND MENTAL TREATMENT ACTS BY THE DULY AUTHORISED OFFICERS.

The close liaison between the medical staffs of the mental hospitals and the duly authorised officers, which was mentioned in last year's report, has continued. In order to relieve pressure on the St. Andrew's Hospital, the Regional Hospital Board has altered the catchment areas of the two mental hospitals



so that approximately one-third of the county is now allocated to the Hellesdon Hospital and the remainder to St. Andrew's. The division is based on the areas covered by the out-patient clinics of the respective hospitals and this will enable the hospital staffs to maintain continuity of contact and treatment.

In the last annual report, reference was made to the review of cases detained in former public assistance institutions under Section 24 of the Lunacy Act and it was stated that only two cases remained to be dealt with at the end of 1950. These two cases were seen during the year and recommendations made for their discharge from the provisions of the section and for their future care as chronic sick patients. The recommendations were acted upon and it is gratifying to be able to report that there are now no patients in the county detained under Section 24.

#### AFTER-CARE UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.

A great deal of after-care work in relation to patients discharged from mental hospitals and mental defectives on licence or leave from the Colony, has been carried out by the local welfare officers and mental health worker. In special cases, the health visitors/district nurses and home teachers for the blind are also undertaking this work. Following consultation with the medical superintendents of the hospitals, the method of notifying the Council of discharges, absences on leave, etc., has been improved and the number of cases referred for after-care visitation has substantially increased. The officers are able to assist discharged patients in many ways, including employment, accommodation, personal problems, etc.

The establishment of a hostel in the county for discharged mental patients in order to assist them to re-establish themselves in the community, which was referred to in the report last year, was further considered, but it was eventually decided that whilst such a project was most desirable, it would be unwise to embark on such an undertaking, having regard to present financial difficulties.

#### PRE-CARE.

Possibly the greatest need in this field is for everyone to have a wide knowledge of the causes of mental breakdowns and for all persons working in the community to have a knowledge of facilities available for early consultation. It is hoped to hold further meetings, similar to that addressed by Dr. Torrie, with a view to widening knowledge on this matter.

The local welfare officers discuss cases coming to their knowledge with the general practitioner and the medical superintendent concerned, and wherever necessary, arrangements are made through the patient's doctor or through the hospital for a domiciliary visit or for an appointment at a psychiatric out-patient clinic.

#### AGED PERSONS—SENILE DEMENTIA.

The only accommodation for this type of patient is at The Vale Hospital, Swainsthorpe, which is under the control of the No. 8 Hospital Management Committee (the Hellesdon Hospital Group). The local welfare officers investigate each case referred for admission and submit social reports to Dr. F. J. Napier, the medical superintendent, who determines whether vacancies can be granted. No difficulties whatever have been experienced in obtaining beds for male cases, but the shortage of female beds has continued and, unfortunately, in some cases it has been necessary for cases to be certified and admitted to mental hospitals.



## UNDER THE MENTAL DEFICIENCY ACTS, 1913-1938.

### (a) *New cases and supervision cases.*

69 new cases were notified under Section 57(3) and Section 57(5) of the Education Act, 1944, and, in addition, 58 new cases were ascertained by the Mental Health Sub-Committee. All these cases were dealt with by placing them under statutory or friendly supervision, admission to appropriate institutions, attendance at occupation centres, or by home teaching. Statutory and friendly supervision has continued to be exercised by the local welfare officers and by the mental health worker, and, in special cases, by the Council's Children's Officer and the health visitors/district nurses. Authority has been given for the provision of extra nourishment for children excluded from school under Section 57(3) of the Education Act who are suffering from sub-normal nutrition, whether such children are attending occupation centres or not. This brings this group of children into line with the facilities available for children attending ordinary schools.

### (b) *Employment of Defectives.*

In consultation with the Youth Employment Officers, it has been found possible to obtain suitable employment for a number of high grade defectives under supervision, and there is the utmost value in this close co-operation.

### (c) *Accommodation—Waiting List.*

The Mental Health Sub-Committee is very concerned at the continued inability of the Regional Hospital Board to provide accommodation for low-grade defectives and has made many representations on this matter during the year. When it is recalled that some of these cases have been on the waiting list for six years or more (the consequent strain on the parents and the effect on the mental and physical health of the family is not difficult to conceive) it is felt that if permanent accommodation cannot be built at this time because of financial difficulties, some temporary accommodation should be provided by the adaptation of existing institutions, etc. The Board was able to offer a number of vacancies for high-grade training cases during the year. This has been most helpful and has reduced the size of the waiting list in this class very considerably. There is a need for facilities for training of high-grade mental defectives to be provided without the necessity of certification and in any changes in mental deficiency legislation which may be contemplated, this point should be borne in mind. At the end of the year there were 103 cases on the waiting list of whom 42 were low-grade cases.

Mention should be made of the great assistance afforded by Dr. J. V. Morris, the medical superintendent at Little Plumstead Hall Colony, in admitting cases to the Colony for temporary periods of treatment. This has enabled parents to have some slight relaxation and relief from the care of difficult patients and is a most helpful arrangement pending permanent vacancies becoming available.

### (d) *Occupation Centres.*

The Sprowston and King's Lynn Occupation Centres have continued to function very satisfactorily, and at the end of the year 25 defectives were in attendance at Sprowston and 24 at King's Lynn. By arrangement with the Great Yarmouth authority, four children from Norfolk continued to attend the Occupation Centre at Gorleston, and arrangements were made



for three further children to attend this centre from the Gillingham area, the transport of the children being partly by car and partly by train. During the year, the Council purchased a secondhand piano for the Sprowston Centre, and this has proved a great asset. "Open Days" were held at each centre just before Christmas when the parents of the children attending were invited and saw the children in individual and group performances. The handwork made at the centres was all sold at these open days and the quality of the work on show greatly impressed the parents and friends present. The children at each centre were taken by the staff to the seaside for a day, the transport being provided by the taxi firms who undertake the daily journeys to the centre. No additional charge was made to the Council for this service.

(e) *Home Teaching.*

This work has expanded considerably following the appointment of Miss Cuming as home teacher for mental defectives in October, 1950. The Cromer "Day Occupation Centre" which was opened in December, 1950, has continued to operate successfully, and, since then, additional day centres have been established at Attleborough, Gressenhall, Harleston, and Fakenham. At the end of the year 35 children were attending these centres. It has been possible to obtain voluntary assistance at most of the centres to assist Miss Cuming and this is a particularly valuable contribution by voluntary organisations to the Council's services. Where voluntary assistance cannot be obtained, authority has been given for the engagement of part-time paid assistance.

The Board of Control has shown considerable interest in this venture and one of the inspectors visited some of the centres during the year. Although it is only possible to hold a session at each centre in alternate weeks, the children are beginning to fit into their groups and to show benefit from their training. At Cromer, where the defectives attending are somewhat older, a very high standard of handicraft work is being produced. The parents of the children are most appreciative of this new service which gives them some slight relief from the continual care of their children. In addition to these day occupation centres, home teaching is being given to 48 defectives and this work is proceeding very well. Some of the defectives are showing a marked aptitude for handicrafts and although no condition as to the sale of finished articles is made, it is a fact that the great majority of the articles are being disposed of without difficulty and if the sale price exceeds the cost of the materials the defective is allowed to keep the balance.

As there is only one home teacher on the Council's staff, it has been necessary to limit the service to the eastern part of the county, but the Mental Health Sub-Committee is being recommended to make an early appointment of a second home teacher to be based on King's Lynn to carry out home teaching and day occupation centre work in a similar manner in the west of the county.

The British Red Cross Society continued to provide home teaching in a limited number of cases.

(f) *Guardianship.*

There are 27 certified cases under guardianship, for whom the Council is responsible, and in the great majority of cases financial assistance is provided by the National Assistance Board. The local welfare officers act as official visitors and advisers and Dr. Sinclair pays the annual medical visit.

# MENTAL HEALTH STATISTICS at 31st December, 1951.

(For the purpose of comparison, the figures at 31st December, 1950, are shown in brackets).

## 1. Mental Patients.

### (a) In-patients.

#### (i) In hospitals.

Name of hospital.	Norfolk patients.							
	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	313(336)	548(528)	129(131)	159(158)	—(—)	—(2)	442(467)	707(688)
Hellesdon Hospital ...	27(16)	43(18)	14(24)	28(46)	—(—)	—(—)	41(40)	71(64)
Other hospitals ...	1(—)	5(1)	3(—)	1(—)	—(—)	—(—)	4(—)	6(—)
Totals ... ..	341(352)	596(546)	146(155)	188(204)	(—) —	—(2)	487(507)	784(752)

TOTAL ... .. 1271(1259)

(ii) Senile dementia cases (uncertified) in the Vale Hospital, Swainsthorpe... .. 101(126)

(iii) Section 24 cases in Howdale Home, Downham Market ... .. — (2)

TOTAL mental patients in hospitals in the county:—

(a) (i) (ii) & (iii) ... .. 1372(1387)

In-patient rate per thousand, based on Registrar-General's estimate of population of the county—June, 1951—  
373,000 = 3.67(3.82).

### (b) Admissions during the year.

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	46(34)	84(74)	146(131)	183(165)	3(3)	3(6)	195(168)	270(245)
Hellesdon Hospital ...	5(5)	5(8)	38(29)	64(58)	1(—)	2(1)	44(34)	71(67)
Other hospitals ...	2(—)	2(—)	5(2)	5(1)	(—)	(—)	7(2)	7(1)
Totals ... ..	53(39)	91(82)	189(162)	252(224)	4(3)	5(7)	246(204)	348(313)

Uncertified senile dementia cases admitted to The Vale Hospital, Swainsthorpe ... .. 18(24) 11(12)

TOTAL ADMISSIONS ... .. 264(228) 359(325)

GRAND TOTAL ... .. 623(553)



(c) Discharges during the year.

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	43	51	129	151	1	5	173	207
Hellesdon Hospital ...	6	2	35	58	—	—	41	60
Other hospitals ...	—	—	3	1	—	—	3	1
Totals ...	49	53	167	210	1	5	217	268

(d) Deaths during the year.

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	35	31	10	12	2	1	47	44
Hellesdon Hospital ...	1	1	1	2	—	1	2	4
Totals ...	36	32	11	14	2	2	49	48

(e) Number of discharged patients referred by the hospitals during the year for after-care—

By Council's own staff ...	213(134)
By hospital's social worker ...	8(35)
	<u>221(169)</u>

2. Mental Defectives.

(a) Certified cases in institutions.

Name of Institution.	Male.	Female.	Total.
Little Plumstead Colony and ancillaries	239(233)	349(345)	588(578)
Beckham House County Home ...	7 (8)	— (—)	7 (8)
Pulham Market County Home ...	— (—)	15 (16)	15 (16)
Riversfield House, St. Neots ...	5 (4)	2 (2)	7 (6)
Others ...	35 (34)	15 (14)	50 (48)
Totals ...	286(279)	381(377)	667(656)

	Male.	Female.	Total.
(b) Ascertained but uncertified cases in former public assistance institutions	48(42)	65(60)	113(102)



(c) *Cases in community.*

	Male.	Female.	Total.
Number of cases under statutory supervision			
(i) Under 16 years of age ...	74 (78)	74 (61)	148(139)
(ii) 16 years of age and over ...	208(194)	179(159)	387(353)
Totals ...	282(272)	253(220)	535(492)
Number of cases under friendly supervision ...	37 (21)	29 (19)	66 (40)
Number of cases under guardianship ...	11 (12)	16 (18)	27 (30)
Number of cases reported but not yet dealt with ...	2 (5)	3 (2)	5 (7)
GRAND TOTALS ...	332(310)	301(259)	633(569)

TOTAL cases in the county—(a) (b) and (c) ... 1413(1327)

Rate per thousand based on Registrar-General's estimate

of population of the county—June, 1951—373,000=3.79(3.65)

(d) *Number of new cases reported during the year.*

	Male.	Female.	Total.
(i) Notified by Education Committee under Section 57(3) of Education Act, 1944 ...	15(18)	20(13)	35(31)
(ii) Notified by Education Committee under Section 57(5) of Education Act, 1944 ...	16(22)	18(14)	34(36)
(iii) Other cases reported and ascertained as mental defectives ...	26(34)	32(40)	58(74)
Totals ...	57(74)	70(67)	127(141)

(e) *Certified cases admitted to institutions during the year.*

Name of Institution.	Male.	Female.	Total.
Little Plumstead Colony and ancillaries	12(32)	11(19)	23(51)
Others ... ..	3 (2)	— (1)	3 (3)
Totals ...	15(34)	11(20)	26(54)

(f) *Attending occupation centres.*

Centre	Male	Female	Total
Sprowston ... ..	11(13)	14(13)	25(26)
King's Lynn ... ..	13(13)	11 (8)	24(21)
Great Yarmouth ... ..	5 (3)	1 (2)	6 (5)
Out-County ... ..	1 (1)	1 (1)	2 (2)
Totals ...	30(30)	27(24)	57(54)

(g) *Receiving home training under home teacher.*

	Male	Female	Total
At home ... ..	25(15)	23(21)	48(36)
At day occupation centres ... ..	19 (4)	16 (5)	35 (9)
Totals ...	44(19)	39(26)	83(45)

	Male	Female	Total
(h) <i>Receiving home training under</i> <i>British Red Cross Society</i> ... ..	3(7)	1(12)	4(19)

- (i) *Number of mental defectives on waiting list for admission to an institution.*

	Male.	Female.	Total.
URGENT CASES.			
Idiots ... ..	5 (8)	9 (8)	14(16)
Imbeciles ... ..	15 (9)	6 (5)	21(14)
Feeble-minded ...	2 (3)	6 (6)	8 (9)
	22(20)	21(19)	43(39)
NOT SO URGENT.			
Idiots ... ..	4 (1)	4 (4)	8 (5)
Imbeciles ... ..	15(23)	13 (9)	28(32)
Feeble-minded ...	14(18)	10 (9)	24(27)
	33(42)	27(22)	60(64)
GRAND TOTALS ...	55(62)	48(41)	103(103)

## XV. NATIONAL ASSISTANCE ACT, 1948.

Section 29 of the Act empowers local authorities to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, or substantially and permanently handicapped by illness, injury or congenital deformity. These powers are permissive, except to such extent as they may be made mandatory by the direction of the Minister of Health. Welfare services for the blind were included in this category from the operative date of the Act in July, 1948 and the Minister established an Advisory Council for the Welfare of Handicapped Persons to investigate the needs of other classes and submit recommendations. After considering the Advisory Council's recommendations, the Minister in August, 1951, issued circular 32/51 dealing with welfare services for handicapped persons other than the blind and partially-sighted. This circular sets out model schemes for persons who are deaf or dumb and for handicapped persons other than the blind, partially-sighted and deaf or dumb. The Minister has not made these schemes mandatory but has stated that he is prepared to consider schemes submitted by local authorities desirous of exercising their powers to provide welfare services for these classes of handicapped persons, intimating that much benefit will accrue to handicapped persons of all classes covered by the model schemes if the voluntary effort which abounds for their welfare is properly co-ordinated and directed in close co-operation with the Council's Health and Welfare departments.

By the end of the year, draft schemes for both classes of handicapped persons had been prepared along the lines set out in the circular for submission to the Minister.

### WELFARE OF THE BLIND.

The scheme for the welfare of the blind was set out in the report for 1949 and no modifications have been made.



## REGISTRATION.

157 suspected cases of blindness were examined during the year and of these, 114 were certified and their names added to the register. As in the two previous years, approximately three-quarters of the new registrations were over 70 years of age.

The number of cases referred for examination during the year was somewhat less than in the previous year but higher than the average for the three previous years, as shown in the following table:—

Year	No. referred		No. certified		Percentage certified
1947	...	90	...	69	76.66
1948	...	100	...	83	83.00
1949	...	148	...	119	80.36
1950	...	178	...	145	81.45
1951	...	157	...	114	72.61

Thanks are due to ophthalmologists for drawing attention to certifiable cases which come to their notice and to the officers of the National Assistance Board who refer cases which may prove to be blind on examination, and therefore, eligible, if registered, to receive the special scale allowance paid to blind persons.

There were 809 cases registered at 31st December, 1951, and details of the age groups and sex are set out below:—

Age group	Males		Females		Total
1—4	...	— ( — )	...	2 ( 2 )	2 ( 2 )
5—15	...	5 ( 5 )	...	5 ( 6 )	10 ( 11 )
16—20	...	5 ( 4 )	...	4 ( 6 )	9 ( 10 )
21—39	...	16 ( 21 )	...	31 ( 24 )	47 ( 45 )
40—49	...	29 ( 31 )	...	16 ( 19 )	45 ( 50 )
50—64	...	89 ( 90 )	...	68 ( 66 )	149 ( 156 )
65—69	...	46 ( 38 )	...	42 ( 44 )	88 ( 82 )
70 and over	...	181 ( 170 )	...	270 ( 260 )	451 ( 430 )
		371 ( 359 )*		438 ( 427 )*	809 ( 786 )*

\*The figures in brackets indicate the position at the end of 1950. 55.77% of all cases were over 70 years of age and 10.87% were between the ages of 65 and 69.

## TRAINING.

The Education Committee has a statutory duty to provide special education for blind children and has power to assist students at colleges and training courses approved by the Ministry of Education. The Ministry of Labour also arranges training for suitable cases under the Disabled Persons (Employment) Act, 1944.

At the end of the year, 4 children were receiving education at the East Anglian Blind School, Gorleston, and 3 at the Royal Normal College, Wroughton Park, through the Education Committee. 4 adults were being trained at the Norwich Institution for the Blind and 1 at the Ministry of Labour establishment through the Ministry of Labour scheme.

## HOME WORKERS.

This scheme has continued as described in the 1948 report. In view of the rising cost of living, the scale of augmentation was increased during the year to £3 per week for married men and £2 per week for women. The number of home workers increased to 7, consisting of 2 poultry keepers, 2 female machine knitters, 2 shopkeepers and 1 basket maker.

## WORKSHOP EMPLOYMENT.

12 Norfolk blind persons were employed at the workshops of the Norwich Institution for the Blind at the end of the year, the same number as at the end of the previous year. 3 women were employed as machine knitters, 6 men as basket makers, 2 as brush makers and 1 as a gardener.

## OTHER EMPLOYMENT.

In addition to the 7 home workers and 12 workshop employees mentioned in the preceding paragraphs, 35 other blind persons were employed at the end of the year as follows:—

Masseur	...	...	...	...	...	1
Ministers of religion	..	...	...	...	...	3
Telephone operators	...	...	...	...	...	2
Piano tuner	...	...	...	...	...	1
Agents, shopkeepers, etc.	...	...	...	...	...	7
Poultry keepers	...	...	...	...	...	7
Basket workers	...	...	...	...	...	3
Agricultural workers	...	...	...	...	...	6
Domestic workers, factory hands, etc.	...	...	...	...	...	4
Ambulance officer	...	...	...	...	...	1

3 persons were trained but unemployed at the end of the year, a further 8, although trainable, had not received training and the remaining persons on the register, 306 men and 416 women, were considered to be unemployable owing to age or illness.

## PASTIME OCCUPATION.

The large number of unemployable blind draws attention to the vital need for pastime occupation wherever possible. The horticultural society, mentioned in the last report, has added greatly to the interest of 87 men and 4 women and a highly successful exhibition was held in September when 73 exhibitors staged almost 450 exhibits. A group exhibit was also successful in obtaining the runners-up cup in an inter-club competition with sighted gardeners from 10 societies. A further exhibition has been arranged for 1952. 195 blind persons, including some of the gardeners, also undertake pastime work making string bags, stools, crinothene articles, rugs, plastic articles, ball chain jewellery, leather goods, baskets, trays, dish cloths, straw-plait baskets and knitted goods. As a result of exhibitions arranged in various places, goods to the value of £300 were sold, this being quite apart from private sales and orders received subsequent to the exhibitions.

## HOME TEACHING AND VISITING.

The increasing numbers on the register made it essential to appoint a fifth home teacher who commenced duty in August. All five possess the certificate of the College of Teachers for the Blind. Their keenness and



efficiency have ensured the success of the scheme. In their capacities as almoners for various charity pensions, they paid out £275 to Norfolk recipients from the funds of the Gardner's Trust and Royal Blind pensions schemes and a further £890 from the Hetherington Charities. 35 men and 56 women were in receipt of pensions from these sources.

8,304 visits were paid by the home teachers during the year.

#### GENERAL.

Seven invalid chairs, purchased by the Council in past years, have been in constant use.

471 persons on the register (208 males and 263 females) were in receipt of National Assistance grants at the end of the year. All cases are checked at regular intervals to ensure that they are receiving their correct grants.

317 wireless sets supplied through the British Wireless for the Blind Fund were in use at the end of the year, an increase of 26 during the year. Sets capable of repair at economic cost are sent to local wireless repair firms, the cost being borne by the Council. All these users and 332 with private sets, have been issued with certificates enabling them to obtain free wireless licences. 88 such certificates were issued during the year.

All suitable blind persons are encouraged to learn to read embossed literature, instruction being given by the home teachers. At the end of the year 93 were able to read braille and 34 moon-type literature and 71 of these were members of the National Library for Blind Readers. Copies of braille and moon magazines are purchased by the Council and circulated to those desirous of reading them and, in addition, the Council has a small stock of books suitable for readers who do not wish to obtain books from the National Library.

Necessitous cases in need of holidays, specially selected by the home teachers, are sent to the Isle of Ely Holiday Home for the Blind, Hunstanton, and others, able to pay the fees, spend holidays there at their own expense, arrangements being made either direct or through the Council. The numbers are, however, very limited owing to the difficulty of securing vacancies.

The Norwich Institution for the Blind again allocated a sum of £100 from charitable funds to provide small christmas gifts to the more needy cases and to purchase extra comforts in cases referred by the home teachers where these cannot normally be provided by the Council. This scheme could very usefully be extended if more money was available.

#### SOCIAL CENTRES.

The Council accepted financial responsibility for the four social centres at Diss, Fakenham, King's Lynn and North Walsham from the 1st April, 1951, at the request of the Norwich Institution for the Blind, in view of the many calls upon the funds of the Institution. The Sheringham group has also continued to meet and these activities have been much appreciated by all who are able to attend. It is hoped to open a centre in Norwich early in 1952 to meet the needs of many who are unable to attend the existing centres owing to lack of transport facilities, or the distance involved.



The Council's thanks are expressed to the voluntary workers at the social centres who do so much to assist in their smooth running, to members of the W.V.S., the British Red Cross Society and the North Walsham and Diss Rotary Clubs for providing transport to enable persons to attend the centres who would otherwise be unable to do so owing to age or infirmity and to those who have organised efforts to raise funds to provide outings, entertainments, etc.

## **WELFARE OF THE PARTIALLY-SIGHTED.**

This section of the register is for persons suffering from seriously defective vision but who are not certifiable as blind. In June, 1951, the Ministry of Labour issued a circular dealing with the training and employment of partially-sighted persons. This circular divides these persons into two classes each requiring separate treatment. These classes are:—

- (1) Persons with seriously defective vision which is likely to deteriorate within a period of four years to the point at which they would become eligible for registration as blind persons; and
- (2) persons with sufficiently defective vision to qualify for registration as partially-sighted persons but for whom the ophthalmic surgeon's diagnosis and prognosis suggests that they are not likely to become certifiable as blind within four years.

For the former group, the practice of making available the same facilities for training as for blind persons should continue, but for the latter group it is considered undesirable that they should be treated in the same way as those likely to become blind within four years and trained accordingly.

These recommendations are being carried out in all suitable cases as they arise.

There were 159 cases on the partially-sighted register at the beginning of the year, 58 new cases were added and also 10 others who, as a result of treatment, had been decertified and removed from the blind register. 8 cases were transferred to the blind register and 10 persons died. There were, therefore, 199 cases remaining on the register at the end of the year.

Cases on the partially-sighted register are visited by the home teachers of the blind two or three times a year, unless circumstances render more frequent visits necessary.

## **XVI. GENERAL WELFARE.**

The provision of a general welfare service continued during the year through the local welfare officers, supported, where necessary, by the specialist officer. The welfare officers are attached to the nine local health offices and act as duly authorised officers under the Lunacy, Mental Treatment and Mental Deficiency Acts. A twenty-four hour service is maintained and, in addition to mental health work, the officers deal with applications for assistance under the various schemes provided by the Council, as detailed in last year's report. The appointment of one officer in each area, to whom the public can look for advice and assistance on the various social services, has undoubtedly a great deal to commend it.

By arrangement with the Norwich Prison Authorities, a scheme has been worked out whereby the local welfare officers visit the families of prisoners in certain cases to give advice on financial and other problems.

#### WELFARE OF THE AGED.

The year under review saw increased interest in this vital subject. During the winter months, several cases came to notice of old people living alone who suffered neglect and, in a few cases, died before their needs were known. In an effort to meet this need, a circular was issued by the Council in July, 1951, to the many official and voluntary bodies concerned with this problem. This circular set out the various official and voluntary services available for old people and stated that, where old people were in any difficulty, the assistant county medical officer or local welfare officer for the area should be contacted, as these officers were available to give advice or assistance wherever necessary. Over 2,000 copies of this circular were issued and the local Press referred to it in an article setting out the problem and the local efforts being made to meet it.

The Welfare Committee has devised a scheme to assist old people living alone by the introduction of cards bearing the words "Assistance Needed." These are being distributed throughout the county so that old people living alone can place the card in the window or other prominent position when they cannot attract attention in other ways. By the end of the year, over 2,000 of these cards had been distributed by the local welfare officers through local voluntary committees, district nurses, parish councils, etc. The local Press gave publicity to the introduction of these cards and if no other purpose has been achieved, the two schemes mentioned have undoubtedly focussed public attention on the problems of the aged and created a greater interest in their welfare.

As a final note on the subject, it is pleasing to observe that there is a continued growth in the number of Old People's Clubs in the county, and at the end of the year 84 clubs were in being. In addition, many of the local voluntary committees running the clubs also undertake other forms of welfare work for the aged, including the visitation of old people unable to get to club meetings. There is a very great opportunity for voluntary work in this field and it is pleasing to observe that the Norfolk Old People's Voluntary Committee is well established and doing most excellent work.

## **XVII. PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.**

### **WHOOPING COUGH.**

The prevalence of this disease was again high during 1951, although it fell below the 1950 figure of 2,180 cases.

### **MEASLES.**

The figure of 1299 cases of measles notified during 1951 is the lowest ever recorded for this county. There were no deaths.



## NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

TABLE 5.

Disease	Number of cases notified																											Totals
	Municipal Boroughs		Urban districts											Rural districts														
	King's Lynn	Thetford	Cromer	Dereham	Diss	Downham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells	Wymondham	Blofield & Flegg	Depwade	Docking	Downham	Erpingham	Forehoe & Henstead	Freebridge Lynn	Loddon	Marshland	Mitford & Launditch	St. Faith's & Aylsham	Smallburgh	Swaffham	Walsingham	Wayland	
Scarlet fever	40	—	10	2	—	—	1	2	—	6	—	9	15	12	1	13	6	26	5	2	14	7	39	8	9	7	13	247
Whooping cough	154	52	37	133	50	—	—	1	32	13	18	35	188	155	31	39	143	102	30	23	37	81	163	48	95	113	190	1963
Diphtheria	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Measles, excluding rubella	139	46	6	14	9	2	55	66	2	3	1	3	131	15	23	99	63	11	22	9	82	36	166	94	20	137	45	1299
Acute pneumonia (primary or influenzal)	44	18	6	15	2	1	—	—	—	9	2	2	65	45	9	25	2	27	7	3	10	13	42	28	6	8	27	416
Meningococcal infection	2	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	1	—	—	—	—	1	—	—	1	—	8
Ac. Poliomyelitis	1	—	2	—	—	—	—	1	—	—	—	1	—	2	—	—	2	3	—	—	—	—	7	1	—	6	2	28
Ac. Encephalitis	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Dysentery	—	3	3	—	—	—	—	—	—	—	4	—	8	—	1	—	1	9	—	—	—	11	18	3	1	19	—	81
Ophthalmia neonatorum	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	7
Puerperal pyrexia and puerperal fever	5	—	—	1	—	—	—	2	1	—	—	1	1	—	3	1	2	—	1	3	—	1	3	—	—	—	1	26
Erysipelas	3	2	—	4	—	—	—	—	—	—	—	5	9	6	—	7	3	8	—	2	5	—	7	6	3	2	7	79
Food poisoning	—	2	—	1	1	—	—	—	—	—	7	1	11	1	—	—	—	1	—	2	—	—	5	2	—	—	3	37
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Jaundice or infective hepatitis	—	—	15	—	—	1	—	—	1	—	3	1	—	8	3	8	10	—	4	—	13	—	23	13	—	1	—	104
†Chickenpox	308	—	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26	—	—	—	—	5	—	—	—	362
Infection, bacillus abortus	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	1	—	—	—	3
Gastro enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Totals	698	125	102	170	62	5	57	72	36	31	35	58	429	246	71	193	232	188	95	44	161	149	477	212	134	294	288	4664

†This disease is notifiable only in King's Lynn M.B., Cromer U.D. and Freebridge Lynn R.D.





## DIPHTHERIA.

Only one case was notified during 1951, and for the fifth successive year, no death was recorded. The almost complete elimination of this disease is a remarkable achievement when set against the figures of 99 cases with 9 deaths in 1941 and 426 cases with 23 deaths in 1921.

## PUERPERAL PYREXIA.

There were 26 notifications of puerperal pyrexia with no deaths, compared with last year's figures of 16 cases and no deaths. The widening of the definition of "puerperal pyrexia" is referred to on page 23.

## CANCER.

Death rates per 1,000 population over the last 7 years are as follows:—

1945.	1946.	1947.	1948.	1949.	1950.	1951.
1.91	2.02	1.83	1.85	1.97	1.81	1.86

The age distribution of the deaths in 1951 was as follows:—

	0—	1—	5—	15—	25—	45—	65—	75—	Total
Males ...	—	2	2	3	14	105	114	101	341
Females ...	—	1	2	—	18	118	104	111	354
	—	—	—	—	—	—	—	—	—
	—	3	4	3	32	223	218	212	695
	—	—	—	—	—	—	—	—	—

## POLIOMYELITIS.

28 cases of poliomyelitis were notified, a heartening reduction from the 1950 figure of 99 cases.

The mortality rate was higher, however, being 18% of cases compared with last year's rate of 12%.

# XVIII. SANITARY SERVICES.

The County Sanitary Officer reports as follows:—

## MILK AND DAIRIES.

### PASTEURISING PLANTS.

During the year, three additional pasteurising plants were licensed by the County Council as the Food and Drugs Authority, bringing the total number to ten. Weekly samples from these plants, totalling in all 701, have been submitted for examination. Of 364 submitted to the phosphatase test, 9 failures were recorded, and of a further 337 samples subjected to the methylene blue examination, 10 proved unsatisfactory. Each failure was immediately investigated and appropriate recommendations were made. In most cases the prompt co-operation of the managers was obtained and in only one was it necessary, because of repeated failures and the general lack of supervision, to report the position to the appropriate Committee. In this instance, a warning letter was sent to the dairyman.

## MILK IN SCHOOLS SCHEME.

The routine system of sampling milk delivered to schools has been continued, and of 162 samples of pasteurised milk submitted to the phosphatase test, 12 proved unsatisfactory; and of 142 submitted to the methylene blue examination, 5 failed to satisfy the test. 195 samples were submitted from raw milk supplies and in 5 instances methylene blue failures were recorded and investigated. Samples of school milk supplies are submitted for biological examination for the presence of tubercle bacilli at least once a term and it is gratifying to note that no positive results were recorded. On the 31st December, 1951, the milk supplies to schools in the county were classified as follows:—

	Number of Schools.			
Tuberculin tested (bottled) ...	...	...	...	266
Tuberculin tested (bulk) ...	...	...	...	20
Pasteurised (bottled) ...	...	...	...	175
Pasteurised (bulk) ...	...	...	...	1
Accredited (bottled) ...	...	...	...	9
Accredited (bulk) ...	...	...	...	4
Non-designated (bottled) ...	...	...	...	4
Non-designated (bulk) ...	...	...	...	5
National dried milk ...	...	...	...	1
No milk supply ...	...	...	...	—
Total ...	...	...	...	485

## TUBERCULOSIS IN MILK.

1,714 samples of milk were submitted for biological examination and the table below indicates the results obtained:—

Designation.	Samples taken.	Samples positive.	Herds positive.	Samples negative.	Herds negative.	Guinea pig died—exam. incomplete.
T.T. Attested ...	75	—	—	55	41	20
T.T. ...	98	1	1	88	67	9
Accredited ...	186	11	9	152	139	23
Non-designated	1,339	14	13	1,209	1,279	116
Pasteurised ...	16	—	—	16	—	—
Total ...	1,714	26	23	1,520	1,526	168

On the above figures, the milk of about 1.5% of the herds sampled contained living tubercle bacilli. Subsequent investigations resulted in the slaughter of 9 cows under the Tuberculosis Order, 1938. In 10 herds, since cows had been slaughtered during the period elapsing between the taking of the bulk sample and the receipt of the positive report, these animals were presumed to be the cause of the infection. In a further 4 instances, despite investigations over a long period, the offending animal was not traced and further bulk samples were taken from 3 of the herds, which proved negative. As the milk from the remaining herd was to be permanently pasteurised, no further bulk sample was taken.



OFF-LOADING.

After investigation it was found that milk thought to be destined for pasteurisation was in fact being off-loaded for retail sale from lorries en route to depots. With the co-operation of the managers of these depots, it was possible to compile a list of the off-loaded supplies and the milk from these herds has now been included in the routine biological sampling procedure. In some instances during the year, such milk has been found positive to tuberculosis and brucella abortus and by arrangement with the depot managers, the off-loading was terminated, either indefinitely or until such time as the herd was cleared of infection.

BRUCELLA ABORTUS.

Bulk samples originally submitted for biological examination for tuberculosis have continued to be examined for the presence of brucella abortus organisms and the following table shows the number of such samples examined and the results obtained:—

Designation.	Samples taken.	Samples positive.	Herds positive.	Samples negative.	Herds negative.	Guinea pig died—exam. incomplete.
T.T. Attested ...	75	8	8	47	41	20
T.T. ...	75	5	4	61	48	9
Accredited ...	86	11	11	61	64	14
Non-designated	642	52	51	532	591	58
Pasteurised ...	13	—	—	13	—	—
Total ...	891	76	74	714	744	101

It is interesting to note that the incidence of brucella abortus is by no means restricted to the non-designated herds.

Where positive results were obtained, arrangements were made for the milk supply to be pasteurised, pending the submission of individual quarter samples from all the animals in the herd. Immediately the offending animal was traced, the normal practice was for the District Medical Officer of Health to remove restrictions requiring the pasteurisation of the milk from the remainder of the herd.

The intermittent excretion of this organism in milk has resulted in a number of investigations continuing over a long period and in those cases where three groups of individual samples proved negative, the case was closed pending the submission and examination of a further routine bulk sample.

HOSPITAL DAIRY FARMS.

Routine samples have been taken on behalf of the Ministry of Health from the hospital dairy farms shown in the table below:—

Dairy Farm	Methylene Blue. Samples taken.	Un-satis.	Tuberculosis. Samples taken.	Posi-tive.	Brucella Abortus. Samples taken.	Posi-tive.
Hellesdon Hospital—						
Low Farm ...	13	—	3	—	3	—
Wensum Farm ...	5	—	1	—	1	—
Lt. Plumstead Hall	12	—	3	—	3	—
St. Andrew's Hospital	12	—	3	—	3	1
Total ...	42	—	10	—	10	1

As a result of the one positive sample at St. Andrew's Hospital, Thorpe, arrangements were made by the East Anglian Regional Hospital Board, on instructions from the Ministry of Health, for the milk supply to be pasteurised pending the subsequent replacement of the entire herd.

#### NATIONAL MILK TESTING SERVICE.

At the request of the Ministry of Agriculture and Fisheries, the pilot sampling scheme referred to in my last report was continued and the following table gives details of samples submitted from non-designated herds during their normal visits by the Council's sampling officers:—

Month.	Samples taken.	Failed meth. blue test.	% of failures.
January	... 36	3	8.3%
February	... 72	11	15.2%
March	... 37	5	13.5%
April	... 19	1	5.2%
May	... 17	3	17.6%
June	... 145	51	35.1%
July	... 95	46	48.4%
August	... 73	37	50.6%
September	... 50	24	48.0%
October	... 46	7	15.2%
November	... 17	3	17.6%
December	... —	—	—
Total	... 607	191	31.4%

As a result of outbreaks of foot and mouth disease, no samples were submitted during the month of December.

#### FOOD AND DRUGS ACT, 1938.

In the course of their normal visits, the sampling officers submitted 382 informal samples from school milk supplies for examination by the Gerber test. 47 of these were below the standards prescribed by the Sale of Milk Regulations, 1939. 24 samples were deficient in milk fat only, 17 in solids not fat and 6 samples were deficient in both. All were followed-up and in one case it was necessary to issue a caution. In all the other instances the deficiencies were found to be due to natural causes.

#### SANITARY SURVEY OF SCHOOLS.

Owing to the reduction in the expenditure permitted on adaptations and improvements to school premises, efforts were concentrated on the provision of adequate water and drainage facilities. 158 schools have been surveyed and in a number of instances it has been possible, by co-operation with the district councils in connection with their public water supply and sewerage schemes and more particularly by the use of existing council housing water supplies and drainage facilities, to make provision for the schools. In further cases it has been possible to assist the district councils by making school facilities available for their requirements.



**DISINFECTION.**

Arrangements for the steam disinfection of clothing and bedding at the East Dereham Isolation Hospital have continued throughout the year, provision being made for some 14 cases of infectious disease.

**ICE CREAM.**

The following summary shows the number of samples submitted by the district councils and the results obtained after submission to the methylene blue test:—

Grade I (satisfactory) ...	...	81
Grade II (satisfactory) ...	...	75
Grade III (doubtful) ...	...	22
Grade IV (unsatisfactory) ...	...	23
Total ...		<hr/> 201 <hr/>

Although these grades have no legal definition, they serve as a guide to the condition of ice cream as sold in the county. In the case of pre-packed ice cream manufactured outside the county, details of failures have been reported to the authorities concerned. All failures were investigated from the point of view of cleanliness of production and were also reported to the Chief Inspector of Weights and Measures in order that samples for tests of composition could be taken.

**HOUSING AND SANITARY COMPLAINTS.**

The position differs little from previous years and 158 complaints were received and investigated. By far the majority of these related to unsatisfactory housing accommodation and were accompanied with requests to investigate the possibilities of the complainants obtaining alternative accommodation. The importance of considering the applicant's health circumstances when allocating council houses has frequently been emphasised.

**WATER SUPPLIES, SEWERAGE & SEWAGE DISPOSAL.**

Details of the progress made in each district in 1951 are given below. During the year, work completed on water supplies cost some £650,000. As to sewerage and sewage disposal, the scheme in Wells was completed at a cost of £52,678 and the total estimated cost of the remainder of the works in progress at the end of the year amounts to £564,200.

The financial position regarding schemes where the County Council has allocated grants during the year is shown in the table which follows the summary of progress in each district.

**WATER SUPPLIES.**

**Rural Districts.**

**BLOFIELD & FLEGG R.D.**

Extensions of mains from Filby to Runham and Fleggburgh were completed and, in addition, the two major sources at Ludham (to supply Area B in the Smallburgh R.D. and the N.E. Area of Blofield and Flegg) and Strumpshaw were finally established and proved. A distribution scheme for the Western Area, based on the Strumpshaw source, is being prepared.

#### DEPWADE R.D.

Mainlaying was completed in Alburgh, Brockdish and Dickleburgh North, and, at the end of the year, Stage I of the Regional Scheme, together with a village scheme in Earsham, were under construction and almost completed. Further minor extensions in Pulham Market and Dickleburgh were approved at a cost of £1,375. Approval had been given previously to Stage II of the Regional Scheme, estimated to cost £130,950, and a starting date is awaited. An additional local extension is to be laid in Tasburgh at a cost of some £13,800.

#### DOCKING R.D.

Stage II of the Regional Scheme was nearing completion at the end of the year and its final accomplishment will mean that a piped supply will be available almost throughout the district. This is particularly notable since Docking thus becomes the first rural district in the county to complete its post-1944 water supply proposals. The total estimated cost is £292,000 and the district council is now engaging in making connections to the mains as rapidly as possible.

#### DOWNHAM R.D.

The Wisbech and District Water Board continued to make extensions of mains in the Northern and Central areas, and the former has been completed at a cost of £20,498. In the Central Area, additional pumps are to be provided at Denton Lodge, where the pumping station is being re-designed, and a new water tower and booster are under construction at Stoke Ferry.

#### ERPINGHAM R.D.

The improvements to the headworks at Mundesley were completed during the year at a cost of £9,845. Development of the Regional Scheme has been held up, partly because of the uncertainty as to the needs of Smallburgh R.D. which may affect mains sizes in the eastern part of the district, but the County Council has advised the district council that if they consider the development of the southern zone of the Regional Scheme as an interim step, the County Council would be prepared to support this and they have also recommended the installation of advanced stages as "village" schemes.

#### FOREHOE & HENSTEAD R.D.

Approval has been given to a village scheme for Newton Flotman and Saxlingham Thorpe, estimated to cost £11,300, and also to detailed proposals for Zones 1 and 5 of the Regional Scheme outside the Norwich Statutory Area, estimated to cost £69,300. Deliveries of materials for the Regional Scheme within the Norwich Statutory Area have been made and work on this scheme is expected to start shortly, whilst a small extension at Hackford costing £670 has been completed.

#### FREEBRIDGE LYNN R.D.

Agreement has been reached between the rural district council and the King's Lynn M.B. over the purchase by the latter of the major source at Hillington. A distribution scheme for the rural district, at an estimated cost of £112,180, has been submitted and approved, but this depends upon the



laying by the King's Lynn M.B. of trunk mains from Hillington to King's Lynn, from which the water will be taken. At present, details of the King's Lynn proposals have not been received.

#### LODDON R.D.

An extension to Hedenham, costing £4,550, was approved and mains have been laid in Topcroft/Hardwick and Ditchingham at a total cost of £31,000. Work is expected to start shortly on both Stage I of the Norwich Scheme and the Waveney Valley Scheme.

#### MARSHLAND R.D.

The Wisbech and District Water Board continued mainlaying and the northern area was completed at a total cost of £21,165. A number of local extensions in the remainder of the district were under construction at the end of the year, and it is estimated that the completion of mainlaying will cost some £49,000.

#### MITFORD & LAUNDITCH R.D.

Village schemes for Shipdham and Mattishall were approved at costs of £17,000 and £21,000 respectively and final negotiations concerning the North Elmham Scheme were commenced. Further schemes for Rougham, Litcham and Whissonsett are in preparation.

#### ST. FAITH'S & AYLHAM R.D.

The Foulsham and Themelthorpe Scheme was completed at a cost of £22,125 and a small extension at Buxton (part of the Norwich Statutory Area scheme) was also carried out and cost £4,024. Final approval has been given to further development in the Norwich Statutory Area, but work is unlikely to commence before 1953.

#### SMALLBURGH R.D.

The main work completed during the year was the final proving of a new major source at Ludham to serve Area B in Smallburgh and the north-eastern part of Blofield and Flegg R.D.C. This cost approximately £9,000. Approval in principle was given to a scheme for part of Area A, based on a new major bore in the Ruston area which, if successful, will eliminate the need for a bulk supply through Erpingham R.D.C. from the Cromer headworks.

#### SWAFFHAM R.D.

Work completed includes the Area B scheme serving North Pickenham, Holme Hale, Necton, Ashill, Saham and Bradenham at a cost of some £148,500 and a village scheme in Foulton estimated to cost £4,400. Contracts have been placed for a number of further village schemes in the western part of the district. An extension from Mundford to Ickburgh, at an estimated cost of £3,830, was approved.

#### WALSINGHAM R.D.

Stage IIA of the Regional Scheme, comprising headworks, ground level reservoir and distribution mains through Gt. and Lt. Snoring, Gunthorpe, Gt. and Lt. Walsingham, Wighton and the Barshams, has been completed. Village schemes have been carried out in Field Dalling, Blakeney and Hindolvestone, and these form advance sections of the Regional Scheme. The total cost of this work amounts to some £115,800.

#### WAYLAND R.D.

Completion of Stage I development has provided piped water supplies throughout the eastern half of the district at a cost of £100,000. Approval in principle was given to Stage II of the Regional Scheme, for the northern and central areas, at an estimated cost of £161,000, together with a scheme for boosting at North Lopham costing £1,000 and a minor extension in Attleborough costing £775.

#### Urban Districts.

##### CROMER U.D.

Considerable progress has been made with the reconstruction of Metton headworks and work was nearing completion by the end of the year. The final cost will amount to some £61,000.

##### DISS U.D.

Work on the re-organisation of the waterworks has been restricted by the shortage of steel which has delayed the installation of the softening plant.

##### NORTH WALSHAM U.D.

With the completion of work costing £10,665 designed to improve yields from their source, the U.D.C. has invited tenders for the construction of a new water tower to meet the problem of inadequate storage capacity.

##### SWAFFHAM U.D.

The U.D.C. has purchased the privately owned waterworks and originally contemplated substantial and costly improvements, but with a reduced demand for water, due to the probable removal of a canning factory from the area, it may well be that only comparatively minor works will be needed.

#### SEWERAGE AND SEWAGE DISPOSAL.

##### Rural Districts.

##### BLOFIELD & FLEGG R.D.

No constructional work has been carried out during the year, but details for the Norwich Fringe Area scheme, which include the parish of Thorpe, have been prepared and a starting date for the whole scheme is awaited.



#### DEPWADE R.D.

A partial scheme for Scole was approved at a cost of £7,650 and, at the end of the year, work was under construction in Scole, Dickleburgh and Hempnall. These schemes are estimated to cost a total of £60,225.

#### FOREHOE & HENSTEAD R.D.

Approval was given to a scheme estimated to cost £23,000 for part of Costessey and work was commenced both here and at Hingham, the scheme for which was approved in 1949.

#### LODDON.

Schemes for sewerage part of Ditchingham and for extension of sewers at Loddon West End costing £33,000 and £4,600 respectively were approved.

#### ST. FAITH'S AND AYLSHAM R.D.

The Aylsham scheme is under construction and approval was given during the year to the increased estimated cost of £125,000. The parish of Sprowston is included in the Norwich Fringe Area Scheme and, as in Thorpe, details have been prepared and a starting date is awaited.

#### SWAFFHAM R.D.

The joint scheme for Saham Toney and Watton (Wayland R.D.) was under construction at the end of the year.

#### WALSINGHAM R.D.

Approval has been given to proposals for sewerage the Hempton council house site at a cost of £7,110 as an advance portion of a larger scheme for improvements in Fakenham and Hempton.

#### WAYLAND R.D.

Work is in progress in Watton on the joint scheme with Saham Toney. Extensive proposals for sewerage and sewage disposal in Attleborough have been submitted and are under negotiation.

#### **Urban Districts.**

##### DISS U.D.

Contracts have been let for the laying of sewer extensions and the construction of new treatment works but no starting date has yet been awarded.

##### DOWNHAM MARKET U.D.

Proposals for improved sewerage and a new disposal works, estimated in outline to cost some £83,000, have been approved in principle and details are being prepared.

##### EAST DEREHAM U.D.

Approval was given to proposals for improvements to the sewage disposal works to be carried out by stages. This work is estimated to cost a total of £40,000. Proposals concerning the sewerage of Toftwood have been deferred.

#### NEW HUNSTANTON U.D.

A scheme for the sewerage of Old Hunstanton was approved by the County Council in 1949. During the year under review, Ministry approval was received and the scheme has been put out to tender.

#### NORTH WALSHAM U.D.

Approval was given to extensions of sewers costing £27,800 and, at the end of the year, work was in hand both on these extensions and also on the improvements to the treatment works.

#### SHERINGHAM U.D.

Proposals for a new outfall sewer and sea outfall at an estimated cost of £23,250 have been submitted. These are intended as a first stage of the necessary improvements in Sheringham and a new tidal storage tank is proposed at a later date. The County Council considered that a survey of the whole of the drainage arrangements in the town should be made before these proposals were proceeded with and this point of view was expressed at a Ministry inquiry. The result of the inquiry has not yet been made known.

#### SWAFFHAM U.D.

Proposals for new treatment works, to replace the existing sewage farm, have already been approved in principle by the County Council, but may now be modified, due to the removal from the area of the canning factory for whose benefit much of the works was proposed.

#### WELLS U.D.

The sewerage scheme and sewage disposal works have been completed at a cost of £52,678 and work was in progress at the end of the year on the scheme for re-connections and conversions. Approval for grant purposes has been given to proposals for re-connections costing some £16,000. Unfortunately, there has been some technical difficulty at the treatment works and in connection with certain sewers, but these matters are in hand.

#### WYMONDHAM U.D.

The U.D.C. is considering the question of improving the treatment works which are grossly overloaded, particularly in times of heavy rainfall, because of the entry of surface water into the sewers which were originally designed on the separate system. Detailed proposals are expected shortly.

#### THETFORD M.B.

The sewerage and sewage disposal scheme has been almost completed at a cost of approximately £117,500. Approval has been given to a scheme for part of the necessary re-connections costing £2,000. The re-connections and conversions in the remainder of the town are under consideration.



## FINANCIAL STATEMENT.

The following summary indicates the financial position in connection with schemes where the County Council allocated grants during the year under the Rural Water Supplies and Sewerage Act, 1944:—

District	Scheme.	Estimated cost.	Ministry grant— Lump sum.	County Council grant not exceeding	
				Annual	Aggregate.
●WATER—					
Loddon R.D. ...	Topcroft ...	17,400	7,000	296	8,880
	Hedenham ...	4,550	3,100	118	3,540
	Ellingham & Kirby Cane (main scheme)	5,880	900	63	1,890
	Temporary pumping plant	2,186	—	154	770
Marshland R.D. (Wisbech & District Water Board) ...	Northern area	21,165	4,000	276	8,280
St. Faith's & Aylsham R.D.	Horsford ...	1,595	300	55	660
Smallburgh R.D.	Catfield Sutton Hickling } ...	24,525	2,500	372	11,160
	Area C ...	59,600	15,000	2,271	27,252
Swaffham R.D.	Area B ...	149,805	56,000	3,131	87,100
	Ickburgh ...	3,738	1,150	65	1,950
	Hilborough ...	3,846	2,000	123	3,690
	Gooderstone	6,277	2,250	144	4,320
	Narborough ...	5,724	2,000	131	3,930
SEWERAGE—					
Depwade R.D.	Scole ...	12,220	7,500	Lump sum	5,270
	Dickleburgh ...	25,855	13,000	„	11,460
	Hempnall ...	22,150	11,500	„	10,260
St. Faith's & Aylsham R.D.	Aylsham ...	125,000	32,000	„	32,000
Swaffham R.D.	Saham Toney	20,775	7,000	„	7,000
Wayland R.D.	Watton ...	50,200	25,000	„	21,960
Downham Market U.D.	U.D. Scheme	83,000	30,000	„	30,000
New Hunstanton U.D. ...	Old Hunstanton	24,000	5,300	„	5,300
North Walsham U.D. ...	Extensions to sewers ...	27,800	—	„	*9,400

\* Grant under Public Health Act, 1936.

## UNDERGROUND WATER LEVEL RESEARCH.

Research has continued throughout the year into determining the trend of the underground water in the chalk area of the county. Monthly readings are now being taken from 74 installations, an additional 7 over last year, but complete coverage of the area has not yet been possible owing to the difficulty of finding suitable installations in the east of the county.

It was noticeable during the year that the rest water levels generally were much above those of 1950, which is probably due to the higher rainfall figures, particularly during the winter months.

Once again the seasonal fluctuations in the rest water levels were greatest in the western chalk outcrop where variations of as much as 14ft. 2½ inches were recorded at Docking whilst levels in certain installations in the east remained almost static.

Records of all chemical and bacteriological analyses of chalk water are being tabulated in order that the nature of the underground water at any point in the county may ultimately be forecast.

Once again I must record appreciation of the co-operation given by the owners of installations who have been approached and who have offered their full support in allowing the Council's staff to take the monthly readings from their bores and wells. Gratitude must also be expressed to Mr. J. H. Willis who has furnished the monthly official rainfall figures.

**XIX. MISCELLANEOUS.**

**MATERNITY AND NURSING HOMES.**

The following table gives details of the action which was taken under Sections 187-199 of the Public Health Act, 1936, during the year ended 31st December, 1951:—

No. of applications for registration	...	...	3
No. of applications refused	...	...	—
No. of registrations cancelled	...	...	1
No. of homes registered at 31st December, 1951	...	...	24
No. of beds provided—			
(a) Maternity	...	...	61
(b) Others	...	...	229

No applications were received under Section 194 of the Act for delegation of powers.

**LABORATORY FACILITIES.**

The Medical Research Council provides these facilities at the Public Health Laboratory, Norwich, where the following specimens were examined in 1951:—

Swabs	...	...	...	4,160
Sputa	...	...	...	1,603
Urine and faeces	...	...	...	714
Miscellaneous	...	...	...	151
				—
				6,628
				—

These specimens were submitted by general medical practitioners for the diagnosis of infectious diseases, together with a smaller number sent by the Council's medical staff in connection with the prevention and control of infectious diseases and examinations of staff under the Local Government Superannuation Act, 1937.



The laboratory also examined the following samples, which were submitted by the sanitary staff of the County Council and by the sanitary inspectors of the county district councils:—

Milk (methylene blue test)	...	...	275
Ice-cream	...	...	201
*Water	...	...	1,042
			<hr/>
			1,518
			<hr/>

\*857 submitted by District sanitary inspectors and 185 by County Council staff.

**SUPERANNUATION EXAMINATIONS.**

322 examinations were made by the medical staff of the Health Department.

In addition, medical advice was given in cases of County Council employees who were no longer considered capable of discharging their duties and on whose behalf application was made for early retirement on pension.







